Early Years Children Promote Health

Case Studies on Child-to-Child and Early Childhood Development

The Child-to-Child Trust

Early Years Children Promote Health

Case Studies on Child-to-Child and Early Childhood Development

Published July 2004 by the Child-to-Child Trust with the support of the Bernard van Leer Foundation

The Child-to-Child Trust

The Child-to-Child Trust works with partners based in over 60 countries. The objective of the Trust is to promote and preserve the health of communities worldwide by encouraging and enabling children and young people to play an active and responsible role in the health and development of themselves, other children and their families.

The Bernard van Leer Foundation

The Bernard van Leer Foundation is a private foundation established in 1949 and based in the Netherlands. It supports early childhood development activities in around 40 countries. Bernard van Leer take a holistic approach to young children's (0-8 years) development, addressing a range of issues that include education, health, and nutrition. The Foundation endeavours to strengthen the circles of support around each child as well as advocating for young children's rights and for their voices to be heard.

'The grand essentials of happiness are: something to do, something to love, and something to hope for.'

Allan K Chalmers

Contents

Acknowledgements

List of Abbreviations

ACET	AIDS Care, Education and Training (Uganda)
ARC	Arab Resource Collective (Cyprus and Lebanon)
AWIA	American Women's International Association
BRAC	Bangladesh Rural Advancement Committee
CAFOD	Catholic Agency for Overseas Development
CCATH	Child-Centred Approaches to HIV/AIDS
CCCD	Child-Centred Community Development Approach
CHETNA	Centre for Health Education, Training and Nutrition Awareness (India)
COMED	Community Child Education and Development
CRC	Convention on the Rights of the Child
CRC	Child Resource Centres (CHETNA section)
ECD	Early Childhood Development
ECCD	Early Childhood Care and Development
ECED	Early Childhood Education and Development
EPI	Espacio para la Infancia
GSS	Gram Swaraj Sangh (India)
ICDS	Integrated Child Development Services
INGO	International Non-governmental Organization
KANCO	Kenya AIDS NGO Consortium
MWG	Mothers Welfare Group (Nigeria)
NACWOLA	National Community of Women Living with HIV/AIDS (Uganda)
NGO	Non-governmental Organization
ORS	Oral Rehydration Solution
PHC	Primary Health Centre
PRONAN	Proyecto Niño-a-Niño (El Salvador)
PTA	Parent-Teacher Association
SC UK	Save the Children UK
TALC	Teaching-aids at Low Cost
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Work Agency
WHO	World Health Organization
YWCA	Young Women's Christian Association

Introduction

From the beginning of Child-to-Child 25 years ago protagonists of the approach worldwide have been keenly aware that older children are an unrivalled resource in promoting and maintaining the health and development of younger ones during the first years of their lives. No member of a happy and effective large family can doubt this truth.

Consequently from its very first publications the Child-to-Child movement has emphasized the role of older children in promoting not only the physical health of babies and young children but also their mental stimulation and emotional well-being. It has also continually underlined the links between these aspects. Children who are malnourished, sickly, unhappy, neglected or in fear do not develop as they should. An older child who prevents infection, feeds a younger child often, understands feelings and comforts younger ones who are unhappy contributes to their mental as well as physical development.

The case studies in this book do much to develop these issues. Examining them we are struck first by the spread, strength and resilience of the Child-to-Child approach. The concept of children participating in health and development, with its corollary that in so doing children both learn and are empowered, is clearly here to stay. As related to early childhood care this needs no urging. Millions of children would now recognize they have a role in relation to rehydrating a younger child or safeguarding against accidents in the kitchen. In relation to children's role in promoting stimulation and development there remains much to be done and I return to this at the end of this introduction.

The second issue that strikes us is the variety of models evident in this collection. We see older children and adolescents helping promote early childhood education both *from* school and *in* school. We see them working informally and in centres outside school and in the community. We see them involved effectively in gathering information about toys, games, customs and attitudes of parents, and in helping to plan and run campaigns, fairs and 'children's summits'. We see them making a difference in basic skills such as literacy and number work, providing reassurance and friendship for HIV/AIDS orphans and for children who have been victims of conflict and natural disasters.

But at the same time we also recognize that, with effective organization, children of the same age help each other develop and that this can start at a very young age. Where children work together to solve problems in kindergarten classes or are brought together through the Mobile Creches movement they learn from each other and develop with each other. What we must continually remind ourselves is that the comforting picture of the extended family in the South – which I, for one, used to contrast favourably with the small, competitive nuclear family in the North – has

now in many places broken down. There are a lot of lonely little children out there and for them inclusion can provide the stimulation they so greatly need.

The third major issue which is evident from looking at these studies is the importance and adaptability of the six-step methodology promoted in Child-to-Child programmes. Clearly the approach that links learning with action through a series of defined steps is a useful and flexible tool even for activities involving younger children. We see it adapted for use in kindergarten groups (as in Lebanon), for school-based activities (as in Zambia), for activities linking schools with communities (as in India) and even as a tool for planning as in Bangladesh. It concerns me, however, that this process is now often referred to as 'the Child-to-Child methodology'. In doing so we both misname and restrict it. It is rather a health action methodology developed and promoted by the Child-to-Child movement, one of many innovations that the movement has pioneered and developed and which have now become public property.

I return now to the priority that needs to be accorded to ECCD and Child-to-Child approaches to it. We need to ask ourselves whether promoting child development is a major or a subsidiary strategy in the Child-to-Child movement and also whether the Child-to-Child approach is seen as necessary to promote ECCD or whether it is regarded merely as a highly desirable subsidiary.

Let us first look at the importance of Child-to-Child to ECCD. I see it as vital, for while it is almost a truism to remind anyone that a good start in life is essential to ensure later health and happiness, it is equally obvious that many children are not getting it. In the opinion of society, particularly the male half of it, there are more important issues on the agenda than playing with children or investing in 'fitting' them for schooling before it is time to send them there, pay the fees or buy the uniform. It is also brutally obvious that even a health issue such as ensuring that children, including female children, get the best food available in a family is not highest on some priority lists. Hence caring for children who have been deprived of family support may be lower still.

This is where children and Child-to-Child approaches come in. Once 'child-power' is brought to bear it is, firstly, possible to do many things that adults may not have the energy or the ability to do – helping with young children's hygiene and safety, passing on simple health messages, starting reading and counting and above all *including children* and all the benefits which inclusion brings. Secondly it is through interventions with the children of today that the attitudes and dispositions of the children of *tomorrow* are shaped. Because of the lengthening history of Child-to-Child interventions we are now beginning to see this pay-off in the next generation. Boys who attended Mobile Creches programmes in the 1980s, for instance, have a quite different attitude to playing with babies than those who did not. This underlines the need, perhaps, to undertake

'second generation studies' of former participants in Child-to-Child programmes.

Finally let us look at the issue of the importance of ECCD to Child-to-Child. It has long been evident that of the various activities which the movement has grown into including peer-to-peer and children-to-community, the model from which it started, namely CHILD-to-child poses least cultural problems. There is a whole catalogue of life-saving and life-developing activities that older children can do for and with under-fives that are both creative and fun to do. The challenge, of course, is that both girls and boys need to undertake these activities in equal measure. Here we face issues of changing cultural norms, but without so many of the overtones of cultural conflict which attend activities that impact upon adults. The second reason why early childhood issues are important to Child-to-Child is evident throughout these studies. Older children gain both intellectually and morally from taking part in the investigations and interventions described in these case studies. Their life skills are enhanced and they learn to relate better and more easily across age groups and with communities.

No one who reads these 10 diverse case studies from three continents can doubt the fact that children make a tremendous difference in early childhood care and development. A quick read through the short descriptions below will serve to underline the range of activities that are taking place. In the case studies themselves the voices of the children and those who work with them can be heard, voices that command our attention.

Experience over 25 years with Child-to-Child activities worldwide convinces me that these voices, these case studies, provide only a few examples of what is happening worldwide and only a pointer to what *could* happen once the potential of children themselves to help in developmental activities is fully realized and supported.

***Botswana – The Child-to-Child Network* (pages 1-9)**
School children as 'little teachers' help to induct younger children before they enter formal school.
In this model, which varies slightly from school to school, children of pre-school age attend school about three times a week for an hour or so, either during the school day or after regular classes finish. They are helped, usually one-to-one, by school-aged children referred to as 'little teachers'. These, in turn, are carefully briefed by school teachers prior to each session. Teachers remain with groups as supervisors. Content of sessions includes basic health knowledge and school readiness skills including, in recent years, pre-reading and early number activities. Active methods such as songs, games, drawing and drama are encouraged and material has been produced to guide both the 'little teachers' and their supervisors. Schools 'opt in' to the programme and community members are involved, often taking a keen interest. Both pre-school children and

'little teachers' are encouraged to take messages home and their families provide feedback to the school.

Simple, direct and uncomplicated, this model has been in operation for nearly 25 years with 53 schools now involved. Over its life it has reached an impressive 58,000 children. Content and approaches have slowly evolved, the latest initiative being the introduction of an interactive pack on HIV/AIDS for primary and pre-school children. Positive outcomes, varying according to context and approaches used, are evident in the amount of knowledge gained both by the pre-school children and the 'little teachers', increased confidence and hence improved performance by children entering school and closer links between schools and communities. Limitations are also apparent. The Network, an NGO, stands apart from and relates uneasily with parallel initiatives organized by the government and has been slow to forge links with them. Empowerment of 'little teachers' is limited because of the highly structured nature of the programme. Also, results are crucially dependent on strong cultural links between school teachers and the communities they serve. In schools in Basarwa (bushmen) settlements, where school teachers do not come from the local culture and all activities are conducted in a second language (Setswana), the programme has proved largely ineffective despite the fact that the Basarwa culture might be seen as particularly receptive to the Child-to-Child approach and its methodology.

Nigeria – The Mothers' Welfare Group (pages 10-19)
Basic literacy skills, health practices and early childhood development promoted by children from 'new look schools' to their communities.
Founded 20 years ago and now firmly established, the organization empowers women to spread new outlooks and practices through schools and communities in three Nigerian states and the Federal Territory of Abuja. Child-to-Child activities, which form a major component of the group's work, now reach 5,000 children.

A key feature of the programme is the use of Child-to-Child reading material, much of it translated and adapted into Hausa, to influence health and development in a number of ways. Health-related stories are used to promote literacy in schools. Older children read them to younger ones; they are used for reading development work in language lessons; they lead into the understanding of life-saving health practices such as oral rehydration. In particular the reader *Teaching Thomas,* which centres on growth and development of children aged under five, is a resource for many activities. These have included making picture books, baby dolls, counting games and matching cards and puzzles. Mothers have become involved in toy-making workshops and fathers in constructing playgrounds for children.

As a result of such activities participating schools have attained far greater levels of child literacy than others in the area and health statistics in communities have improved. More recently the Mothers' Welfare Group

have reached out to meet challenges posed by the growing threat of HIV/AIDS. They take a lead in promoting awareness, combating prejudice and providing care for orphans abandoned and marginalized by the epidemic.

Changing attitudes among both parents and society continue to be a major problem not only in relation to health and disease but also towards approaches to education and to the role of women and girls in society. A major contribution of the approaches practised has been to give boys and girls, the next generation of community leaders, the confidence to speak out in favour of change.

Kenya and Uganda – CCATH (Child-Centred Approaches to HIV/AIDS) **(pages 20-29)**
The crucial role that all children can play in helping others, especially young children, affected by the pandemic.
The effect of HIV/AIDS on family life in countries such as Kenya and Uganda is enormous, and the role children can play in helping each other to cope with its consequences is of great significance. This case study highlights that role.

It emphasizes the complexity of the problem as it affects each different context. From such awareness it becomes possible to promote children's amazing resilience through creating a supportive environment by and for affected children. Out of a number of named initiatives two are selected and described:

- Training for older children on issues of growth and development of themselves and younger ones. This is linked with the promotion of Child-to-Child activities in schools and children's clubs in both school and community. Through these groups, *which must be fully inclusive of all children*, self-esteem can grow, communication is developed and empathy between children fostered. When teachers are involved with these clubs they grow into counsellors of children.

- Working with parents and children to develop Memory Books to help them prepare for the future with a strong sense of their identity and with the knowledge that they have been loved. Such books and memory boxes, with photos and other treasured items, in association with counselling and peer support can help children over eight cope better with bereavement.

The study also stresses that, vitally important though these social and developmental actions are, *they must be underpinned by others that ensure the practical survival of orphans and make certain their needs for food, shelter, health care and school fees are adequately met.*

Zambia – Mpika Schools and the Mpika Pre-school Association
(pages 30-35)
Action to identify and promote local children's games as a means of developing cognitive skills in young children.
Even before Child-to-Child approaches to health were promoted nationwide in Zambia in 1986 at a seminar launched by the President himself, schools around Mpika in Northern Province had been involved in activities. Since then a large number of initiatives have emerged, including an important programme of inclusive education.

This case study describes a programme that promotes lesson plans within all key areas of the primary school curriculum, to encourage children to identify local games that contribute to early childhood development. Once the older school children have discussed these and understood the ways in which they can help younger children develop, they play the games with the younger ones, often modifying them to suit local conditions and to enhance their potential.

Both older and younger children gain from the process. The older children gain language skills, insights and positive attitudes towards child development. The younger children profit from greater interaction with the older ones as well as learning a number of counting, pre-reading and reading skills.

Lebanon and Beyond – The Arab Resource Collective **(pages 38-56)**
Spreading Child-to-Child approaches in the Arab world with special emphasis on the use of these approaches in refugee camps and with kindergarten groups.
For 22 years the Arab Resource Collective, based in Lebanon and Cyprus, has acted as a resource centre promoting both early childhood education and development and the Child-to-Child approach. Their publications and training make use both of original material and material emerging from agencies such as Child-to-Child, which they modify substantially to meet the needs of Arab communities. A very large quantity of high quality material is now available and a significant level of training experience has been accumulated.

This study emphasizes how the Child-to-Child philosophy and approach is exemplified in many ways and contexts, including schools, out-of-school activities, and camps in which out-of-school youth help organize activities for 5 to 11-year-olds. Only some of these relate directly to the youngest children but it is stressed that whenever four and five-year-olds see older children helping each other in their families and communities then these younger children learn by example.

The study also catalogues a number of projects where the approach is used directly with kindergarten and pre-school children and emphasizes how the six-step approach linking learning with community action may be used even with very young groups. In fact the voices of such young and

innocent children promoting messages such as 'stop smoking' may ring loudest and truest.

The Child-to-Child approach and, indeed the six-step methodology, also form an integral part of the training provided for kindergarten teachers by the Ghassan Kanafani Foundation resource centre in Beirut. The Kanafani kindergartens promote a policy of inclusive education so that non-disabled and disabled four to six-year-olds learn to work and play together and also focus upon themes such as bullying and violence. Elsewhere the role of boys is highlighted, as members of Child-to-Child groups involved in activities such as making toys for younger children. This contributes towards meeting one of the main challenges identified in the study, that of involving men actively in issues of child care and development.

Ecuador – Playing to Live (pages 56-63)
A university forges links between education and medical sciences and teams up with children to investigate attitudes to play in schools, families and communities.
Child-to-Child activities based on the University of Cuenca have been in operation since 1985. Now for the first time action research is initiated which links health and education faculties.

The programme *Jugando a Vivir* (Playing to Live) has the following aims:
• To identify the attitudes, skills and behaviour of parents, their children, teachers and the elderly in relation to traditional games.
• To describe the most important and traditional low-cost games.
• To encourage the use of low cost games for recreation and learning in order to promote children's health.
• To investigate the influence of older upon younger children in relation to the teaching and practice of low cost games.

Twenty schools, 1,000 children, 20 teachers and 1,000 parents were involved in the research. A coordinating group directed the activities of research teams in the schools. Older children, 10 to12 years old, interviewed their younger brothers and sisters, gathered information from parents, and identified, watched and described traditional games.

As a result, much information has been gained which reveals not only the wealth and potential of traditional games in child stimulation and development but also potentially adverse attitudes in communities towards play, particularly in school. Both participation in the research and involvement in making games and toys were seen to have a positive effect on academic skills and attitudes of older children taking part.

As a result of the programme three booklets have been published to answer the particular needs of teachers, social workers and the mass media.

EL Salvador – CARE in cooperation with the Ministry of Education
(pages 63-70)
Topics relevant to health and development in early childhood are identified and infused through the current community school curriculum, emphasizing the six-step methodology.
Four school centres were identified as a pilot project, and special health-based topics linked with early childhood education were locally identified, developed and infused through high status subjects in the current curriculum (science, social studies, mathematics, language, and art and craft). In this way teacher's concerns that they are being overloaded are assuaged.

Six themes were identified:
• A clean and safe environment to grow up in.
• My little brother learns to walk and play (physical development, safety).
• My little sister learns to talk (communication, self-expression).
• My little brother starts to laugh (feelings, self-esteem, human values).
• My little sister learns to read and count (learning skills and stimulation).
• See how children grow (development phases, nutrition).

Materials were developed linked with these themes and in line with the demands of the national curriculum. Additionally two new manuals were produced focusing on the prevention of and response to national disasters. In every case the action-orientated methodology promoted by the Child-to-Child movement was elaborated. Teachers report that the new materials are far more relevant to their culture and experience than currently-used Ministry of Education textbooks and they are said to be taking up the new methodology enthusiastically.

To date 250 teachers, 50 pedagogic advisers, 5,000 boys and girls and 25,000 family members have been involved in the project activities. The new materials and methodology were widely used when earthquakes struck the country in 2001 and 2002.

India, Gujarat State – CHETNA in partnership with other agencies
(pages 70-87)
Older children take part in the task of rebuilding communities through establishing resource centres and providing services to younger children after one of the world's most disastrous earthquakes in recent years.
This is just one of a number of projects implemented by CHETNA (the Centre for Health Education, Training and Nutrition Awareness). CHETNA has been involved in Child-to-Child activities in Gujarat and Rajasthan since 1985 and created a Child Resource Centre known as Cheitan in 1991. CHETNA has a fine record of working alongside and not in competition with other agencies. Following the disastrous earthquake that hit Gujarat state in January 2001 the work described in this case study has been undertaken in association with SC UK and Gram Swaraj Sangh, a local organization promoting Gandhian philosophies and the lifestyles following from them.

The study focuses on ECCD activities in the district of Rapar near the epicentre of the quake. The main channels through which children made their contribution were the Integrated Child Development Services of the government of India (ICDS) and the local schools.

The Child-to-Child project is undertaken in 10 villages and the schools and ICDS centres associated with them. Village meetings ensure that communities and the health and education workers who serve them are brought together to share aims. Training is provided and child resource centres are set up in or near schools or ICDS centres comprising groups of 30-40 children aged 12 to 18 years. Children's committees are chosen. (Membership rotates regularly.) Each group and each programme is different. They plan a whole range of activities for younger children and are assisted with material for making toys and games. They help regularly with pre-school groups, organize fairs, and plan and conduct awareness campaigns to address new health needs (as in meeting the problem of nicotine addiction spread through a substance called *gutka* which is chewed not smoked). Activities are regularly evaluated.

Although the programme is only two years old and although challenges have been identified, such as lack of support from many teachers and low involvement of girls, considerable achievements can already be counted. Children's enthusiasm, evident at a local 'summit for children', has impressed agencies and communities alike; the ideas are spilling over into other initiatives and there is little doubt that a real contribution is emerging towards provision of the care and stimulation that this vulnerable group of children lack.

Bangladesh – PLAN's ECD Programme (pages 86-95)
Child-driven community development. Partnerships to establish learning centres in the community in which children and adolescents play a full and active part.
Although both government and non-governmental organizations have increasingly expressed a desire for the introduction of ECD programmes, only sporadic action has resulted and there is evidence that the importance of ECD is greatly undervalued.

The NGO, Plan Bangladesh, has developed an innovative model involving parents, older and younger children within their own communities. Through this model, parenting practices are improved through mothers' groups, activities are organized for three to five-year-olds in small groups in caregivers' homes, and larger groups meet to develop school readiness skills. Already activities involve 30,375 children in 870 centres.

A key feature of the whole initiative is the role which children and adolescents play in every step of the process from *understanding* through *planning* to *action* and *evaluation.*

In particular, school-aged children and adolescents are asked to identify the particular conditions in a community which call for intervention, such as the numbers of very young children and pre-school children without significant developmental opportunities and the reasons for this. Then they take a key role in community planning in which the roles of the community and Plan to help provide ECD opportunities are discussed and agreed. Finally adolescent girls in particular actually help to facilitate pre-school groups. Children and youth are also involved in the monitoring process.

This model is recognized as sustainable and is increasingly being adopted by other agencies.

***India – Mobile Creches in Delhi, Mumbai and Pune* (pages 96-110) Mobile Creches care for children of migrant workers and through Child-to-Child approaches help to promote development in early childhood to the benefit of both younger and older children involved.** This case study is particularly significant because it describes how established 'child-powered' approaches to ECCD can and should change as health and social needs change and evolve. Mobile Creches were initiated in 1969 to provide a 'fair deal' for children of mobile construction workers. They began to use Child-to-Child approaches in Mumbai in the mid-1980s to great effect, encouraging older children to assist and play with younger children in order to promote their cognitive development and pass on essential health messages. Soon other centres began using the approach. A variety of interactive materials were developed including games, health songs and material to teach basic skills. The process continues.

Now needs and hence practices have evolved. Health priorities have changed. The Child-to-Child approach to health education, formerly a discrete activity, now merges through many areas of the creches' work. Creches now make every attempt to see that children are enrolled in mainstream schooling. New programmes have started such as 'Meena week' (based on a series of stories about a little girl who disseminates health messages to those around her) in which children from Mobile Creches begin to reach out to *their* communities.

Monitoring and evaluation of current practice is ongoing and will result in yet more adaptation but the commitment of the movement to ECCD and to children's cooperation in providing it remains and intensifies.

Hugh Hawes
Education Adviser, Child-to-Child Trust

'LITTLE TEACHERS': THE CHILD-TO-CHILD NETWORK IN BOTSWANA PROMOTES HEALTH

The context

Botswana is a large, sparsely-populated country in southern Africa with a harsh, dry climate and a tendency to drought.

Half of the rapidly-growing population of 1.3 million live in crowded urban areas, while the rest subsist in rural areas with low population densities. Forty-two per cent of the population are under 15 years of age.

Despite the rapid economic growth enjoyed by Botswana since independence in 1966, more than one half of all households are defined as living in poverty. Contributory factors include traditional restrictions on women's participation in economic and other activity, as well as the tendencies towards migration and urbanization, and dependence on cash income.

Poverty, and the associated problems of poor nutritional health and sanitation, and low levels of education, have led to the prevalence in Botswana of infectious disease. Acute respiratory infections and diarrhoeal disease dominate. The incidence of HIV/AIDS is also increasing and in fact its prevalence is now one of the highest worldwide. Additionally, amongst the more affluent, cardiovascular, degenerative and metabolic disease have become significant causes of morbidity and mortality.

The Botswana government has adopted primary health care as the main strategy to counter negative health trends. Within this, individuals and communities are encouraged to take more responsibility both for the prevention of ill-health, and the promotion of good health.

The Child-to-Child 'Little Teacher' Programme

The development of the programme
Child-to-Child has a long and rich history in Botswana. The Child-to-Child Network of Botswana began in 1979, initially as an outreach programme in two pilot schools. It was, and remains, the only non-governmental organization in Botswana specifically set up in response to the International Year of the Child in 1979. It is registered as a private, non-profit, charitable organization and currently employs three full-time members of staff. The staff carry out activities in conjunction with an executive committee which comprises representatives from the Ministry of Education, Ministry of Health, local government and the business community. The American embassy is represented in an ex-officio capacity.

From the outset, the primary objective was for teachers to stimulate interest in health issues amongst older children. The older children were then expected to pass health knowledge they had learned to younger children (brothers, sisters, friends) who were yet to start school.

By 1981, the initial cohort of younger children involved in the programme were at school and taking part in Child-to-Child activities with their older counterparts. The teachers trained to help deliver the programme were by now known as 'Child-to-Child teachers'.

As the programme developed during the 1980s, it gradually assumed the official title of Child-to-Child Little Teacher Programme; the 'little teachers' were the older, school-based children who took responsibility for nurturing the health knowledge, skills and attitudes of designated pre-schoolers. As had been the case since the early 1980s, older children in school continued to work with younger children also attending school.

Some 53 schools were involved in the programme as of March 2003. During the 1980s/90s, the concept of Child-to-Child evolved, for example, through incorporation of some of the more recent thinking associated with child rights and children's participation. However, the Botswana Child-to-Child programme has continued to promote and practise the traditional 'older child helping younger child' model. A workshop was held in Gabarone in 1992 to explore the newer and broader concepts of Child-to-Child. It was recognized at the workshop that Child-to-Child could potentially be included as an element of programmes other than those involving 'little teachers'.

Since its inception in 1979, the Child-to-Child Little Teacher Programme has reached some 58,000 children of both school and pre-school age. Approximately 700 primary teachers have been trained in Child-to-Child methodology during the same period.

Identifying a need: how programme expansion is achieved
The Child-to-Child programme in Botswana has, from the start, promoted a policy of gradual growth in the numbers of schools involved in the programme. This has helped ensure both the manageability and sustainability of Child-to-Child in the country.

Each year since 1979, four new schools have joined the programme. One is selected from each of the four districts where the Child-to-Child programme is active. Schools are selected through joint agreement between the co-ordinator of the Child-to-Child programme, a representative of the Ministry of Education, and the schools themselves. The main criteria for inclusion are that the school and its children are likely to benefit from the introduction of the programme, and that they wish to participate.

Initially the headteacher is contacted. He or she then meets with the teachers to establish whether participation is feasible. If it is, the consultation process is widened to include both the parent-teacher association (PTA), the village

development committee, and local NGOs working in the area of community development.

The process of including a school in the programme is therefore a democratic one; all relevant stakeholders are consulted. Additionally, the democratic nature of the process is congruent with local cultural norms. Therisanyo, or the process of broad consultation, is a traditional obligation in Botswana society.

The aims, objectives and content of the Child-to-Child 'Little Teacher' Programme

Two booklets, developed in 1979 by the American Women's Association (AWA) (now known as the American Women's International Association (AWIA)), are still used by Child-to-Child adult teachers in school activities. The books contain 16 lesson plans, focused on topics such as nutrition, personal hygiene and first aid, which the teachers should be able to complete in about eight weeks.

As part of their training, adult teachers are instructed in Child-to-Child methodology. The methods used in classroom Child-to-Child work are geared towards activity-based learning and children use song, dance and role-play to communicate health messages and ideas. Getting children involved in activities, as opposed to viewing them as passive recipients of adult-derived knowledge, is seen as crucial for the achievement of many of the aims and objectives of the programme.

The number of Child-to-Child sessions that take place each week varies from school to school, and from class to class within a school. In some cases sessions are conducted during school hours and in other cases after the school day has finished. Sessions take place approximately two to three times per week and usually last for one hour.

The programme's aims and objectives are summarized in the box on the next page.

Aims and Objectives of the Child-to-Child 'Little Teacher' Programme in Botswana

Aims

1. To enable children to gain awareness of their potential and how to promote that potential;
2. To encourage older children to concern themselves with the health, welfare and development of pre-school children and other, younger children in their communities;
3. To reinforce older children's learning through their teaching activities with younger children;
4. To enable children to see how they can contribute constructively to the future development of other children, their families and the wider community.

Objectives

1. To train primary school teachers who have volunteered to deliver Child-to-Child lessons in school;
2. To endeavour to involve parents and community groups in the programme through workshops, rallies, open houses and other means;
3. To engage in continuing evaluation of the programme;
4. To review/plan programme activities at annual workshops held for programme teachers;
5. To revise/update lesson plans and materials as necessary.

Despite the continuing use of the AWIA booklets mentioned above, there has been a moderate shift in emphasis in the teaching content included in the programme. There is now greater effort expended on preparing pre-school children for school-based reading, writing and arithmetic than was the case when the programme began in 1979. Nevertheless, the teaching and spread of health messages remain integral to the programme.

Currently, the programme is seeking funding to initiate a project for primary and pre-schools on HIV/AIDS. This will aim to raise awareness about HIV/AIDS amongst pre- and primary school pupils, teachers, parents and the wider community. It will also aim to identify children affected by HIV/AIDS, including orphans and children living with AIDS.

The development of an interactive teaching pack is one important objective of the HIV/AIDS project. Various sections have already been planned. These will include content on the technical aspects of HIV/AIDS, on Child-to-Child-related activities, on HIV/AIDS for use with pre-school and primary school children, and on the use of Child-to-Child for HIV/AIDS work with community groups. The pack will be developed by a task group, which will include Child-to-Child Network staff members and will be specifically aimed at meeting the needs of schools involved in the Child-to-Child network. It is planned that activities will be piloted in the schools prior to incorporation in the book.

A number of other activities are also planned as part of the HIV/AIDS project. Included are workshops, a newsletter, a national conference to disseminate findings, and the development of a library which will serve as a resource on HIV/AIDS for teachers.

What the programme has achieved

As a result of the Child-to-Child 'Little Teacher' Programme, older children have taken on more responsibility for the health and academic development of their younger siblings and other younger children. In doing so, they have also reinforced their own learning in those areas. For example, programme evaluation has demonstrated that Child-to-Child 'little teacher' activities have enabled pre-school children to retain health knowledge. This benefit has been shown to extend to the older participants too.

It has also been recognized that the process of older child helping younger child is compatible with the expectations and practices of traditional Botswana society; these relationships are viewed as essential to the aim of socializing younger children into the society's cultural worldview.

A variety of teaching methodologies have been introduced into the classroom as a result of the Child-to-Child 'Little Teacher' Programme. These include play, singing, drawing, counting, dance, drama, role-play, health talks, film shows and radio broadcasts. Additionally, in some schools, health teaching content has been broadened to include topics such as disability and safe life-styles.

The programme has ensured the involvement of all of the major local stakeholders: children, teachers, heads, PTA, parents, and village development committees, as far as this has been possible. Some teachers have become very committed to the programme, despite the difficulties they face, both in finding time for Child-to-Child activities in a busy curriculum, and in procuring money to buy materials such as pens, pencils, crayons and paper.

Schools have reported that parents often visit schools to obtain up-to-date information concerning their children's Child-to-Child activities. Additionally, parents themselves sometimes get involved in Child-to-Child activities.

The programme has, in many cases, successfully prepared pre-school children for their progression to school. Teachers have reported that pre-school children involved in Child-to-Child activities are better behaved, are more able to take care of their personal hygiene and integrate with other children, once they enter formal schooling. There is also some evidence that school children, formerly involved in the Child-to-Child programme as pre-schoolers, obtain better results after entering the school system. Teachers have also reported that older child educators have improved their communication skills and have raised their self-esteem as a result of their participation in the programme.

The programme has achieved sustainability despite a lack of external funding; most programme activities are financed through money raised by the Child-to-Child network itself. UNICEF has, over the years, provided a portion of the funding required for activities to take place.

The programme appears to have helped break down the barriers to parent-child discussion of topics related to sexual health. In a country where, for example, HIV/AIDS incidence is increasing, the gradual elimination of such taboos is a positive sign.

Challenges faced along the way

Children have often found it difficult to pass on messages to their parents. The hierarchical nature of family relationships means that it is generally culturally unacceptable for children to be thought to be 'teaching' their parents. Nevertheless, despite this barrier to child-to-parent communication of health messages, programme evaluation has shown that girls are sometimes able to pass messages to their mothers. The type of message passed was also a predictor of whether it would be accepted by parents. Information about hygiene was, for example, more acceptable to parents than information (or implied criticism) about breastfeeding practice.

The main barrier is sometimes not the nature of the parent-child relationship, but rather that parents are often too busy to find time to listen to their children. For example, fathers' work sometimes keeps them away from their homes for significant periods of time, thereby making it difficult for children to pass health messages to them. The way in which children approach their parents, e.g. showing or not showing respect, also appears to at least partly determine whether parents accept health messages or not.

The attempt to involve more fully school, community, parents and PTA has presented another challenge for the effective implementation of Child-to-Child in Botswana. Such involvement is felt to be essential if children's potential to establish a health dialogue with members of the wider community is to be fully realized. The achievement of this goal is also felt to impact the potential for a re-evaluation of children's status, from that of passive actors, to more highly regarded and active players in health promotion and education activities.

As stated earlier, the Child-to-Child concept has evolved markedly since 1979, but programme activities in Botswana remain tied to the traditional older child teaching younger child approach. Additionally, Child-to-Child in Botswana has not acknowledged the distinction between a specific programme, for example, the 'little teacher' programme, and Child-to-Child, which is an *approach* to health education. A flexible methodology, such as the Child-to-Child approach, can be incorporated into a diverse array of programmes, including in-school and out-of-school settings. It is therefore not a programme in its own right, but rather an approach which, when introduced into existing programmes, can transform them in ways which promote the interests and rights of children.

The focus in Botswana on Child-to-Child as a programme has led to lack of exploitation of possibilities afforded by other initiatives which are informed by Child-to-Child ideas. These include Ministry of Health-supported health clubs in primary schools, youth clubs and activities organized by the Ministry of

Education, and PET, a peer-group counselling programme in secondary schools initiated by the YWCA.

More recently, attempts have been made to revitalize Child-to-Child in Botswana through, for example, reorganizing its management structure. If the Child-to-Child network in Botswana decides to take on board some of the more recent ideas developed by Child-to-Child enthusiasts around the world, it is likely to face the kinds of challenges always associated with change. Whether the programme decides to pursue this path, only time will tell.

CHILD-TO-CHILD AND THE BASARWA (BUSHMEN) CHILDREN

Introduction

The Basarwa, a distinct, cultural minority, are generally marginalized in Botswana society. Their economic situation compares unfavourably with the majority Tswana and Batswana tribes and government policy has primarily aimed at the cultural assimilation of the Basarwa into mainstream society. The grouping of Basarwa and poorer Batswana communities has been one strategy adopted towards this end. Another has been the attendance of Basarwa children at schools which promote Setswana, the recognized national language spoken by the dominant tribes. Both strategies have tended to undermine the Basarwa's distinct cultural status.

More recently, however, an 'indigenous' movement has arisen which more forcibly argues for the rights of minorities, including the Basarwa. As a result, the Basarwa have become increasingly vocal in their demands for self-determination and the right to a cultural existence separate from that of their neighbours and fellow citizens in Botswana. Some at least see this as a positive development that can contribute to the democratization of Botswana society and generate recognition that the country is indeed a multicultural one.

Approaches to teaching, learning and socialization in Basarwa society

Learning by 'watching' and 'doing' is crucial for the socialization of children in Basarwa society. The two most important contexts for these activities are the playgroup (made up of children aged three to six years of age) and the family.

Significantly, when considering the introduction of Child-to-Child activities into school activities, Basarwa children are socialized into cooperative roles and practices with their peers and with younger children. Older siblings often have to care for younger siblings. Positive relationships between same-sex siblings are also encouraged. Children in the Basarwa context can therefore be thought to be 'pre-adapted' in relation to Child-to-Child, which likewise places great store by these relationships and their further development.

Schooling and Basarwa children

Free primary and secondary education has been provided by the Botswana government since 1988. However, Basarwa settlement schools experience poor attendance and high drop-out rates. The reasons for this are several but include the perception by parents that the education system, through its promotion of Setswana, is inimical to the continuance of Basarwa social and cultural traditions. This is reinforced by the fact that many of the teachers in the settlement schools are from the Batswana tribe. Basarwa adherence to mobile patterns of subsistence behaviour also makes it difficult for children to sustain school attendance.

The Child-to-Child 'Little Teacher' Programme and the settlement schools

A study carried out in 1992 included one of the Basarwa settlement schools involved in the Child-to-Child programme. Located in Ghanzi district, the school at that time contained 91 children, together with 12 pre-school children who attended the Child-to-Child 'Little Teacher' Programme. As with other settlement schools, the children at the Ghanzi district school were from highly mobile families. Upper grade attendance (especially amongst boys) was especially poor.

The study findings highlighted the importance of cultural (especially language) barriers to the transmission of health ideas. None of the teachers (all of whom were from the dominant Batswana tribe) could speak Sesarwa, the language spoken by the Basarwa children. Consequently, neither the 'little teachers' nor the pre-school children were able to take on board the health messages taught, as the language used for both the teaching and testing was Setswana.

Despite the earlier observation that Basarwa children are 'culturally pre-adapted' to carry out Child-to-Child activities, language and cultural barriers in the particular settlement school chosen for the 1992 study mitigated against the success of programme activities. This contrasts with the experiences of 'little teachers' in a Batswana school involved in the broader 1992 research study. Test results there on transmission and retention of health messages between 'little teachers' and pre-schoolers were generally positive. Unlike in the Basarwa school, there was no cultural gap to bridge between the teacher, 'little teachers' and pre-schoolers in the Batswana school.

Culture and Child-to-Child

The incorporation of the Child-to-Child approach into school activities involving Basarwa children in settlement schools in Botswana has highlighted the importance of culture in at least partly determining whether those activities achieve successful outcomes or not. Designing educational systems which are sensitive to the cultural norms of children who attend school is, at least based on the evidence from the 1992 study described above, imperative if Child-to-Child is to flourish in a school context.

Sources

Masolotate L (2003) <u>Personal Communication to Child-to-Child Trust</u>.

Pridmore P (1996) <u>Children as Health Educators: The Child-to-Child Approach</u>. Unpublished PhD thesis. London: University of London, Institute of Education.

Pridmore P & Stephens D (2000) <u>Children as Partners for Health: A Critical Review of the Child-to-Child Approach</u>. London: Zed Books.

Early Childhood Development Using the Child-to-Child Approach: The Mothers Welfare Group, Nigeria, Experience

Prepared following discussions with MWG staff when they visited Child-to-Child London, and from MWG internal reports

It is early June, the rains have come to Kaduna district in Northern Nigeria. Dry river beds have become torrents. Roads have been washed away. Kanti Village is virtually cut off. The older children in the primary school know this time of the year well. It's a bad time for malaria, and a bad time for diarrhoea. Diarrhoea used regularly to carry off young children in their families, but thanks to the activities of the Mothers Welfare Group who support the school there were no deaths in the village last year. The children – all of whom enthusiastically support the school's Child-to-Child activities – want to see the same result during this rainy season.

Audu, aged 10, is reading to a group of six-year-olds sitting round him on mats on the floor. He has chosen a Hausa version of the Child-to-Child Reader **A Simple Cure** about how a brother and sister save the life of a baby who has severe diarrhoea. Audu reads well. The health readers (the school uses 15 different titles) are all simple and interesting. They have been a major factor in raising the literacy levels of the children. Audu's group of children sit wriggling with excitement as the story unfolds. Audu uses all the classic storyteller's tricks; they are part of his culture. 'What would you do?', 'What do you think happened next?', 'All together now …' The six-year-olds break into a song they have learned (with actions, of course):

Idan mutum na zawo tare da amai
If a person has diarrhoea and is sick
Menene za mu bashi …
What should we give this person …

They sing it right through until the whole message and treatment is delivered.

So much is happening in this half hour. Essential health messages are being learned. Needs from home are being brought into school. An arid methodology based on blackboard and textbook is being eroded. Rigid subject boundaries are being broken down. Children are learning new skills and assuming new responsibilities, and everyone who participates is enjoying themselves.

The context

The Mothers Welfare Group (MWG) was established in Kaduna, northern Nigeria in 1983. It is an integrated rural development project with activities now taking place in parts of Kaduna State, Federal Capital Territory, Plateau State and Niger State. Some activities take place in Kaduna town.

The areas that MWG works in are particularly impoverished for a number of reasons including reliance on insecure subsistence farming and shortage of clean water. Inaccessibility of villages in the rainy season limits access to markets and available services. In most areas where MWG works it is the sole provider of clinics, schools, water, sanitation, reforestation and agricultural programmes.

A recent change as a result of increased democracy is the realization that rural people can have a say in their own governance rather than accepting traditional forms of dominance. MWG maintains an apolitical stance but encourages active participation on a communal basis within the villages, including women and youth.

MWG activities are community-based. Needs are identified and prioritized by community members themselves, including older children. Almost all MWG staff come from the communities concerned. The main health needs of young children in the communities have been identified as:

- Prevention and cure of disease, especially 'the six killer diseases', malaria, and diarrhoeal and other water-borne diseases.
- Adequate nutrition.
- Prevention of accidents.

Nursery and primary education are also of vital importance to the communities concerned.

MWG programmes are supported by a number of funders, including the Bernard van Leer Foundation, CAFOD, Manos Unidas, Solidarios (University of Madrid), UNICEF, World Concern and several national embassies based in Nigeria. MWG's early childhood development work is supported by the Bernard van Leer Foundation, and its Child-to-Child work by the Bernard van Leer Foundation and CAFOD.

MWG's Child-to-Child initiative

MWG has established nursery schools, schools, women's groups and children's clubs. Child-to-Child activities take place in these settings and now reach approximately 5,000 children aged between two and 18 years old.

In the schools, health is taught across the curriculum, and especially in mathematics and science. The Child-to-Child activity sheets and readers are used and help to shape classroom metholodogy.

Theme-based special days are held as a focus for activities, including Egg Day (before Easter) and Fruit Day. Children take part in songs, drama and games around the day's special theme. Thus, on Fruit Day, children sing songs and perform plays about the importance of fruit in the diet, and they also enjoy eating the fruit that is provided!

Responding to local needs

Teachers and school-based health workers noticed that many children who came to school had not eaten any breakfast. They were too hungry to pay attention to their lessons. One school initially responded by growing soya beans and vegetables. These were cooked in the school kitchen so that a nourishing meal could be given to children when they arrived in class. Now other schools have planted their own gardens too. Children tend the gardens, and learn to cook the produce. Older and younger children enjoy growing vegetables and cooking and eating them together. Children liked growing vegetables at school so much that many of them have started planting small gardens at home too, with seeds provided by MWG.

Local priorities are addressed in an integrated way. For example, each school has a water pump and filtration system so that clean water is provided alongside the Child-to-Child and other health promotion activities.

Children enjoying Fruit Day. Photo: Mothers Welfare Group

Basic skills and health

Parents everywhere want their children not only to learn the basic skills of literacy and numeracy but also to live safer and healthier lives. Health is one of the most important parts of a child's education yet health education in many countries has a low status and does not feature in the primary school leaving examination. However, mathematics and science are high status subjects. MWG use the Child-to-Child books *Health into Mathematics* and *Health into Science* to help teachers link health themes with two of the main subjects taught in the primary classroom.

MWG also rely heavily on the Child-to-Child readers. These are storybooks with a health message. Because they are written in simple English and the stories are of universal interest, they are easy to adapt into mother tongue languages. MWG have translated and published 15 Child-to-Child readers in Hausa[1].

The readers are used as a starting point for the development of songs, chants, stories and dramas that children of different ages perform in school and the community. In this way, children pass on what they have learned both informally, to other children and their families, and more formally, at special events.

The reader *Teaching Thomas* has given numerous opportunities for crafts. Children in school have prepared games and toys to play with, with their younger brothers and sisters. These include picture books, baby dolls, counting games, matching cards and puzzles. Though mature mothers have often had difficulty understanding early childhood development, the children have easily absorbed the idea. However, mothers have helped girls to make baby dolls and fathers have been involved in building a playground.
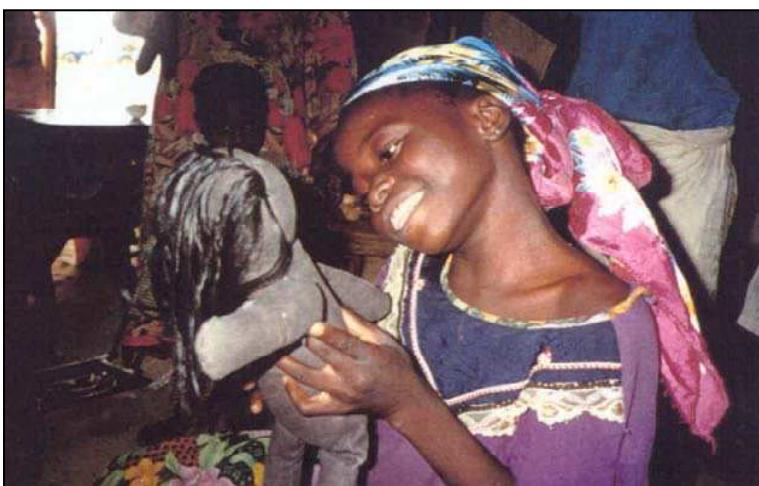
Photo: Mothers Welfare Group

---

[1] A full list of Child-to-Child Readers appears in the Resources section on p137-8.

Other readers that have been especially useful are:

- *Accidents* (accompanied by the activity sheet *Road Safety*)
- *Good Food* and *Uncle George Feeds His Baby* (accompanied by the series of activity sheets on nutrition)
- *The Market Dentist* (accompanied by the activity sheet *Our Teeth*)
- *A Simple Cure* (accompanied by the activity sheets *Children's Stools and Hygiene*, *Clean Safe Water* and *Caring for Children with Diarrhoea*)

Improving teaching methods
MWG teachers have needed support to prepare a class plan with a theme. They were accustomed to teaching by rote from textbooks. By selecting a Child-to-Child reader with an accompanying activity sheet, teachers have been able to focus on one important health message while the children were learning to read. This has given teachers practice in clarifying what they want children to learn and in planning around that idea. After presenting a written plan to the supervisor, the teachers prepare a bulletin board as a visual aid. The Child-to-Child materials have enabled the teachers to create a bulletin board with an understandable message.

Some of the Child-to-Child methods of teaching and learning – singing, storytelling, drama – are traditional in Nigeria but not generally used in formal schooling. By using them, Child-to-Child is more acceptable and relevant. At the same time children enjoy what they are doing and are motivated to learn through pleasure and active participation in whatever they undertake. Child-to-Child uses many methods, including finding out, discussion and experimenting.[2] Even very young children under four years old enjoy joining in the activities. For example, they help to spread messages by singing songs. An especially popular song among young children is about diarrhoea and ORS:

Idan mutum na zawo tare da amai,
If a person has diarrhoea and is sick,
Menene za mu bashi, mai zawo da amai.
What should we give this person with diarrhoea and sickness?
Mu nemi dafafen ruwa kwalba daya.
We should get one litre of clean boiled water.
Mu nemi ruwa mu wanke hannu da sabulu.
We should wash our hands with water and soap.
Mu nemi sugarin mu karamin cokali hudu.
We should get four teaspoons of sugar and one teaspoon of salt.
Mu nemi gishirin mu, karamin cokali daya.
Idan mun sami wannan, mu hada masu.
When we get all this we add them together in the clean boiled drinking water.
Idan mun hada masu, mu basu su sha.
Idan su sha wannan, zasu samu sauki.
Wannan babban magani ne, mai zawo de amai, zawo de amai, zawo da amai.

---

[2] See introduction to Child-to-Child approach on p120.

When we add these together we give it to the person with diarrhoea to drink.

All the children in MWG schools know how to make ORS and the song is a good way to spread the message. In addition, children learn to wash their hands and cover food to keep it safe from flies. Mothers learn the same things in women's groups.

Training

Training is central to MWG's Child-to-Child work. Teachers, health workers, women's leaders and other development workers all receive training. The trainers are members of MWG staff, who were themselves trained by Dr Catherine Gana of the Child-to-Child Health Development Agency in Bida, Niger State.

MWG's training sessions focus on the Child-to-Child six-step approach and a range of participatory teaching and learning methods. Much use is made of visual aids and practical activities.

> **Toy-making workshops**
> Through the Bernard van Leer Foundation, MWG were put in touch with Community Child Education and Development (COMED), a Lagos-based organization specializing in early childhood development. COMED led a workshop in Kaduna for staff of MWG and other local organizations to learn how to make low-cost toys from locally-available materials. Children joined in the workshop on the last day to practise using some of the more complex toys with the adults. Following this workshop, MWG staff shared their new skills with older children. Children of different ages have learned to make and play with toys together. Children have made many of the toys made by Samuel for his younger brother Thomas in the Child-to-Child reader *Teaching Thomas*. Toy-making has become an important part of MWG's Child-to-Child activities.

Education and health working together

MWG schools contain basic kitchens and health facilities. Health workers work closely with teachers and are at hand to help in classroom health activities. For example, health workers can advise on cooking nutritious meals and on the correct way to make and administer ORS.

The impact of HIV/AIDS

HIV/AIDS is having a devastating effect on Nigeria. MWG are now having to focus activities on orphans and child-headed households. The public health system is in crisis with a shortage of medicines and trained staff. Social 'safety nets' provided by the government to deal with orphans, widows and HIV-infected persons are minimal. In recent years, MWG has had to work with increasing numbers of women and children who are abandoned and are in dire need of economic, financial, psychological and educational support. Facilities for voluntary counselling have been initiated by MWG and it has been a challenge to test and counsel HIV-infected and affected children. A

play group for under-8s has been set up and runs on those days that mothers come in for day care and counselling. MWG has also forged links with community-based orphanages and sensitized them to help children who are HIV positive.

Through its health team, MWG provides treatment for opportunistic infections. Because of the large number of spurious drugs in the market, MWG links with many organizations to maintain a supply of authentic drugs and HIV testing kits.

An innovative, peer Youth-to-Youth programme has been initiated in Kaduna, managed by youth themselves through 'Health Clubs'. In the short span of a year the programme has expanded enormously. The entry to HIV is through general health issues such as personal and environmental hygiene. This then moves on to the more complex issues of sexuality and HIV. Child-to-Child readers, active learning methodology and participatory techniques are widely used and are in growing demand as colleges and schools seek support from the programme.

Rebecca is seven years old. She can remember her parents but she doesn't know what happened to them. Now she calls the matron at the orphanage 'mama'. She is very proud she can help wash plates and wants to be a nurse when she grows up to help others. Rebecca was a street child, her father died first, then her mother. The little girl was only three years old when she was left 'caring' for her dying mother. The father's family buried her father and left the girl with the mother because she had AIDS. Her family also abandoned the mother. So a three year old was left 'caring' for her dying mother. When the mother died, the little girl did not understand what had happened. The neighbours heard her crying and asked what was wrong and she told them that her mother wouldn't wake up. The mother had been dead two days. The neighbours buried her but left the girl in the house alone. She became a street girl. For some weeks the girl played all day in the street, begging food and sleeping wherever. A nearby pastor observed this and took her into the orphanage. None of her family came to find her. The neighbours come sometimes to check on her. She has been there four years now and is in class two.
From an MWG case study

MWG's challenge lies in expanding the HIV/AIDS programme and in helping children and young people to acquire life skills, learn safe behaviour, deal with stigma and discrimination, and cope with grief from the loss of loved ones. Both the counselling of young children, so that they can cope with HIV, and supporting families and communities to support children in nutrition, education and care, have placed enormous demands on the MWG programme, including its personnel. This does, however, reflect the emerging needs of the growing young population in Nigeria.

MWG's monitoring and evaluation strategy

Monitoring and evaluation usually involve MWG staff getting together to discuss how their own village work is progressing, and as a group make decisions, establish policy and develop new activity plans. Women, men and older children all contribute to monitoring and evaluation, through workshops and informal meetings. Monthly meetings are held for experience sharing and planning for the next month. Many teachers are also health outreach workers and if they are women, also in charge of the Women's Group and this synergy has helped to bring a natural internal coordination between the Child-to-Child schools, health and women's programmes. In addition, monitoring tools have been developed to track progress in the Child-to-Child curriculum. Tribal society has a rich oral tradition and keeping written records by staff has been a continuing challenge.

The coordinator of the Child-to-Child programmes makes regular monitoring visits to the schools and provides on-site support. This has been continued in spite of immense difficulties in travel due to the fuel shortage and inability to get spare parts for vehicles as a result of Nigeria's economic crisis.

An external evaluation was carried out for the Bernard van Leer Foundation in June 2003.

Challenges

- Some teachers are initially suspicious about using Child-to-Child methods. In response, MWG continually retrains teachers and works alongside them in schools. There are also small rewards for 'good Child-to-Child'. However, trained teachers are hard to find, especially in the more remote areas served by the MWG programme.

- Some teachers and parents do not want children to participate with adults. There are teachers who are unwilling to 'unlearn' didactic methods of teaching. (Most government schools accept formal/didactic teaching methods and also use corporal punishment.) Adults tend to believe that young children especially 'know nothing' and 'you must tell them everything'. In many of the tribes that MWG works with, parents and adults 'lose face' if their children know more or inform them of what they do not know. If girls or women know more, males perceive it as a threat. MWG has begun to work with women's groups who participate in literacy classes using the Child-to-Child readers. This has helped gain recognition for what children are learning in the Child-to-Child schools. However, men generally refuse to participate with women in learning about health, literacy and livelihood programmes. MWG deliberately includes activities where children give parents a demonstration or perform a drama with a health message. Other activities such as handwashing involve parents together with children.

- The religious riots of the past few years have forced MWG to withdraw from communities where it can no longer ensure the safety of its staff. Although a secular and non-denominational organization, MWG is affected by larger political and religious tensions over which it has little control. The religious tensions have also disrupted the school calendar for government and other privately-run schools as well, with schools having to shut down to ensure safety of the children.

- MWG provides quality schools to communities only if there is commitment from the community to assist in the construction and maintenance of the services. This requires a great deal of groundwork by MWG but it believes strongly that without ownership, the programmes become unsustainable. The community has to be convinced that children learn better with play and that learning about health is as vital as learning about the 3 Rs. A result of this approach has been that expansion to new schools has been slow.

- Early marriage discourages girls from participating in activities at school. Everyone makes fun of a married girl, however young, who goes to school. Girls who marry early often feel excluded from their peers and older married women and just stay at home. The Child-to-Child reader *Freda Doesn't Get Pregnant* has been useful in girls' clubs to help raise discussion of early marriage and allow girls to express their ideas about its negative effects on their own or their friends' lives. The book has had a big impact and is a favourite among older girls. Older girls are now encouraged to attend at the women's groups.

Achievements

- With the participation of the children and the community, MWG activities have reduced deaths and illness in the vulnerable under-five age group. The change came over a five-year period. An example is diarrhoeal deaths which averaged about one a month. In late 2002 there had not been a child diarrhoeal death in the previous 18 months. By learning how to prevent and treat diarrhoea, children and mothers have played an important part in bringing about this change.

- MWG activities are credited with major increases in literacy for children, older girls and women. When MWG began, there was a literacy rate of less than 1% and this did not include any children. The Child-to-Child readers in Hausa are the main texts used in MWG's literacy work with children in schools and also with mothers. After nine years, there is an estimated 95% literacy rate for children over eight in MWG schools (compared with an estimated 10% literacy rate for children in government schools). In some villages where MWG works, the literacy rate for mothers is now 80%, and MWG staff say the Child-to-Child readers in Hausa have been a major reason for this achievement.

- Child-to-Child activities have helped children feel more ready to talk at village meetings. For example, during a village meeting at Maguzawa, the

lack of cooperation to finish a well for the school was discussed. Suddenly, a boy came in, and then a girl. He said, 'Everyone always comes here to complain about labour for the well, but everyone could help and then we could have a pump at school.' The girl complained that the men always find a way to avoid working by saying, 'This person is bad, or that one won't cooperate'. She said, 'The women are ready to help and it is the men that hold things back.' This was a big surprise as in Hausa villages children never speak out in front of their parents. The teachers attributed this unusual boldness to the children's Child-to-Child activities.

SUPPORT FOR YOUNG CHILDREN IN FAMILIES AFFECTED BY HIV/AIDS: PROJECT ON CHILD-CENTRED APPROACHES TO HIV/AIDS IN KENYA AND UGANDA

Rachel Carnegie, Child-to-Child Trust Adviser

Agnes became an orphan the day she was born. Her mother, Mary, had been very sick with AIDS-related illnesses. Already widowed, she was determined to survive until her baby was born. She held her child for just one hour before she died. A neighbour sat with Mary as she laboured to bring the baby girl to life, and then slipped away to her own death. No other relatives were there. No one came forward to claim the baby. So the neighbour took Agnes home and cared for her along with her own children, regardless of whether or not Agnes had been infected by the HIV virus from her mother. It was only when Agnes had become a beaming, healthy baby of one year, with no signs of the virus, that her relatives came forward to adopt her. The neighbour and her children were sad. They had given love to baby Agnes and received her affectionate smiles in return.

Vincent was fourteen when his father died; his mother had already died the previous year. Vincent was left alone to run his home, caring for his three younger brothers, aged 10, seven and five. Vincent manages to raise a little money to feed them all by washing vehicles at the bus station. He also breeds pigeons in the rafters of their tiny shack. Vincent gives his young brothers all the guidance and care he can manage. They have remained together as their father had wanted.

David was only seven when his father died. His mother had already passed away. David was helping to care for his father. His little sister was only five. One evening David took some food to his father, who was lying sick in bed. When his father did not respond, David understood that he had died. He sat by his father all night until a neighbour found him the next morning.

Introduction

These examples, from Uganda and Kenya, illustrate the stark and tragic realities facing young children in families affected by HIV/AIDS. With parents who are sick or who have died, these young children face the most extreme threats to their survival and development. Nearly 15 years ago, the Child-to-Child Trust held a seminar in Kenya, funded by the Bernard Van Leer Foundation, to discuss the Child-to-Child concept in relation to the development of young children. It is hard to understand now that we had no real conception then of the devastating impact that HIV/AIDS would have on children in Africa and throughout the world. Since that time, an estimated 12 million children have been made orphans through HIV/AIDS in Africa alone.

The report from the Kenya meeting in 1989 cites three main psychosocial needs, in addition to physical health needs, that should be met to promote the full and integrated development of young children: the need for attachment, love and security; the need for stimulation and interaction; and the need to explore and play (Carnegie & Hawes 1989). The report explored the ways in which older children, along with parents, could be involved in meeting these needs, in ways that were fun and stimulating for the older children too. However, the family setting envisaged at that time did not encompass the millions of children who, rather than being cared for, have now become the carers of their sick parents, nor the millions of orphans who live alone looking after each other, or are adopted by stressed relations, with little time or resources to care for them.

Maureen, who lives alone with her younger sister. Photo: Rachel Carnegie

It was in response to this drastically changed environment that the Child-to-Child Trust joined forces with Healthlink Worldwide and a group of partner NGOs in Kenya and Uganda to find out how Child-to-Child approaches could be developed and adapted for communities affected by HIV/AIDS. This four-year initiative is called the CCATH Project. CCATH stands for Child-Centred Approaches to HIV/AIDS.

The CCATH project in Kenya and Uganda aims to identify, develop and evaluate practical strategies to help children and their families cope with the impact of HIV/AIDS. These strategies focus on five main areas:

- Enabling older children to strengthen their coping skills and resilience for their own survival and continued development through the illness or loss of a parent.
- Supporting older children and parents/guardians in providing appropriate care for their younger siblings, while also recognizing the developmental needs of the older children.
- Addressing the 'culture of silence' surrounding HIV/AIDS, especially how the subject of HIV/AIDS is discussed with, and by, children and young people.
- Promoting the social inclusion of children affected and infected by HIV/AIDS and tackling discrimination.
- Enabling families to develop coping strategies for managing the severe economic impact of HIV/AIDS, including issues surrounding planning for the future after the death of a parent, inheritance, sexual or labour exploitation, income generation and continuing access to education.

The CCATH project is coordinated by a group of NGO partners in Kenya, Uganda and the UK. They are KANCO (Kenya AIDS NGO Consortium), ACET (AIDS Care, Education and Training, Uganda), Child-to-Child Uganda, NACWOLA (National Community of Women Living with HIV/AIDS, Uganda), and Healthlink Worldwide and the Child-to-Child Trust in the UK. The project is supported by Comic Relief. A series of materials for children, parents/guardians and for teachers and other community workers, is being developed, based on the experiences of this project.

The impact of HIV/AIDS on young children (identifying the needs)

The process began with an assessment of the needs of children and their families in communities affected by HIV/AIDS. This research was conducted in Kenya and Uganda, introducing child-centred participatory research methods to help adult researchers and programmers to listen to and learn from children. The research revealed a range of risks to children's development in these communities. It showed how deeply children are affected – psychologically, economically and socially – by the impact of HIV/AIDS on their lives. The particular threats to the development of children under the age of eight include:

- Facing neglect and loss of parental care, love, attention, protection, comfort and security.
- Coping with sick parents or guardians, which brings both practical and psychological pressures.
- Having to cope with the death of parents and other loved ones. Death will be understood in different ways, depending on the age of the child.
- Dealing with the trauma and grief of bereavement and resulting psychological problems, such as depression, guilt, anger and fear – often with a lack of support.
- Feelings of powerlessness, helplessness and vulnerability.
- Having to adjust to life with guardians/foster parents.
- Separation from siblings.
- Facing life unsupported in a child-headed household.

- Lack of stimulation and interaction.
- Lack of opportunities for play.
- Lack of educational opportunities.
- Losing inheritance and home.
- Being forced into survival as street children.
- Facing stigma, discrimination and social exclusion.
- Experiencing a cycle of illness and malnutrition.
- Becoming infected themselves with HIV, through mother-to-child transmission, or through sexual abuse.

The list of concerns appears overwhelming, yet there were also reasons for hope and clues for future directions for Child-to-Child strategies. Amidst the extreme suffering and deprivation, the CCATH research also revealed strengths in children, even those most acutely affected by the impact of HIV/AIDS, when their environment is supportive. The research indicated areas of children's resilience – what it is that helps some children to cope better than others. A number of factors were identified which promote children's resilience:

- *Open communication between children and their parents/guardians*, including preparing for life after the parents' death (with older children).
- *A close and consistent relationship between orphans and their substitute adult caregivers.*
- *Close and supportive friendships amongst their peers.*
- *Children's ability and opportunity to express their emotions and fears.*
- *Children developing a positive goal to live for.*
- *Children recalling memories* and accessing stories and records of their own past and of good, loving relationships, usually with their parents.
- *Children's spirituality*, expressed through different faiths.
- *Children having an opportunity to help others* and thereby gain a sense of resourcefulness and self-esteem. (This is a crucial point. Children who are seen as vulnerable should not just be treated as 'victims', since an important aspect of their development will include a sense of being of value in helping others. Child-to-Child activities in these communities should always include orphans and other vulnerable children as active participants, not just as recipients.)
- *And, most significantly, a supportive environment for children*. This includes the emotional, social and practical support they receive in their immediate environment from family, peer groups and neighbours. It also includes support from community-based organizations, faith-based organizations, schools and health services, which need to be accessible and welcoming to children (what people sometimes call 'child-friendly'). Children also need a supportive environment at the national level to ensure that policies, legislation and structural support are in place to support and protect children (see Mallman 2002 in reference list).

Girls from St Joseph's school during their weekly visit to a babies' home. Photo: Rachel Carnegie

Examples of CCATH interventions (the response)

Working closely with children and their communities, the CCATH partners have developed a wide range of strategies for promoting the survival and development of children affected by HIV/AIDS. The full range of activities has been documented elsewhere (Healthlink Worldwide 2003). This case study focuses in particular on the role of Child-to-Child approaches in the care and support of young children facing the impact of HIV/AIDS in their families.

These activities, which have been initiated through children's participation, include:

- Training for older children on issues of growth and development of themselves and of younger children through Child-to-Child clubs.
- Fostering relationships between older children and younger orphans and other vulnerable children (such as those living with HIV/AIDS, and those who have been abandoned).
- Counselling for children heading households – on their own psychological and emotional needs and helping them to respond to the needs of younger siblings.
- Working with parents and children to develop Memory Books, to help them prepare for the future with a strong sense of their own identity and with the knowledge that they have been loved.

Two of these initiatives, the Child-to-Child clubs and the Memory Book project, are considered in more detail on the next page.

Child-to-Child clubs

Clubs for children have been set up in many schools and communities to focus on issues of HIV/AIDS. While many of these concentrate on prevention issues, the CCATH approach also encompasses the psychosocial needs of children. For example, when children at primary schools wanted to support each other in coping with the impact of HIV/AIDS and to counter stigma and discrimination, they used the Child-to-Child six-step approach:

Step 1. Understanding the issue: Understanding what happens to children when their parents or guardians are sick with AIDS-related illnesses or have died, by sharing experiences and discussing stories and newspaper articles.

Step 2. Finding out more about how it affects their community: Children discuss with their friends in class or in the Child-to-Child club about the problems faced by themselves and other children in families affected by HIV/AIDS. Some children are directly affected in their own families. Other children know friends, neighbours, teachers and other people who are living with HIV/AIDS. School children visit those who have dropped out of school because their parents are sick or have died and learn about their problems and the help they need. They also consider the needs of very young children who are orphaned and those who are HIV positive. They also find out what support is available for children from community-based organizations and local faith-based organizations.

Step 3. Discussing findings and planning action: Children discuss what they have learned and plan what action they can take to support each other at school and to help those children who are not able to come to school. They prepare posters, songs and a drama to show the situation of children affected by HIV/AIDS in their families. They also plan what practical help they can give to each other at school and to orphans and other vulnerable children who cannot come to school or are too young. The head teacher and Child-to-Child teacher provide support for the children's plans.

Step 4. Taking action: Children organize a special event for other children at school and for children and adults in the community where they display their posters, perform their drama, teach their songs to others and hold discussion groups. Their teachers support them in facilitating discussion with adults. Children tackle discrimination and seek to ensure that all children are included in learning and play activities at school and at home. Children also make contributions to a small fund that can be used to help fellow students who have difficulties in paying for expenses such as stationery. They motivate their families to help other children in need with food, clothing and emotional support. They also seek help from local organizations for material support for child-headed households. Each week they visit the local children's home to play with the young children there.

Step 5. Evaluating action: Children discuss changes at school and in the community amongst themselves. They again visit the children who are not in school to find out whether they now receive more support and understanding from other children. They discuss what further action needs to be taken and what they can do better.

Step 6. Doing it better: Children continue with these activities using all opportunities, individually and as a group, to help each other and younger children to cope with the impact of HIV/AIDS.

The CCATH NGO partners work in primary schools promoting the principle of children helping and supporting each other. They also learn to communicate their emotions and fears and to develop empathy for each other. Child-to-Child gives children a sense of self-esteem because they are able to contribute to others' well-being. In some cases, children are 'twinned', that is, they are paired up for mutual support, usually with older and younger children.

'There are many cases which show the impact of this work on children. Children are now collecting shoes and clothes for their friends and sharing food at break time.'
David Ngobi, Child-to-Child Uganda

Child-to-Child Uganda has fostered relationships between older and younger children. Girls from St Joseph's boarding school come every Sunday to help at the nearby Babies' Home. They wash the babies and play with them, giving them lots of affection. One girl said: 'I want to become a doctor so that I can help people like this.' The girls know that some of the babies may have HIV. They have learnt about the disease, know how to take appropriate precautions and are thus able to give full affection to these deprived babies – and receive affection in return.

Lessons learned

- Children's clubs, in school or community, must be inclusive of *all* children, so that all children, however directly they are affected by HIV/AIDS, have an opportunity to contribute to supporting each other and thereby get a sense of self-esteem.
- Peer relationships are improved through Child-to-Child activities. Children now show more empathy for each other, since they understand better the situation of children affected by HIV/AIDS.
- There is now a stronger relationship with teachers, especially those involved with the club. These teachers have become counsellors for the children.
- Children are now more open in talking about HIV/AIDS and more assertive in keeping themselves safe from infection.
- Orphans feel more accepted and included by others. The incidence of stigma and discrimination has decreased.
- The challenges faced by the NGOs working in these schools are two-fold. Firstly, some school administrations expect material benefits from the project. Over time they need to be helped to see the other benefits in terms of the children's development and well-being. Secondly, there is an overwhelming need for financial support for the school costs and other needs of orphans and other vulnerable children. The NGOs work with communities to find ways in which this support can be mobilized.

Children's voices
'My friends are very close to me. We help each other in need and share food with each other. They mean everything to me.'

'Now I feel much more accepted at school. Before I didn't want to go to school. Other children would say: "Don't sit on this chair. Your father died."''

'I persuaded my mother to let a young boy (orphan) stay at home. Now he is like my brother.'

'The older children help me to get porridge. If I am sad they help me. I like helping other children. We tell them about HIV/AIDS.'

Memory Books
NACWOLA has pioneered work in supporting parents and children to cope with illness and bereavement in the family. They have introduced the idea of a Memory Book, in which parents living with HIV record their own and their children's past lives, celebrating good, loving memories. The Memory Book also helps parents and children to prepare for bereavement and make concrete plans for the future. Although the Memory Books are usually shared with older children, who are mature enough to learn about their parents' HIV positive status, the books have crucial value for younger children too. These children may be too young to remember their parents before they died. The Memory Books provide these memories and bring vital reassurance to children that they have been loved, restoring to them strong images of their loving parents. Older children read these books to their younger siblings. The values and hopes for the future expressed by parents in their Memory Books help their orphaned children to find an identity and a sense of continuity for their family unit and to build hopes for the future.

An enormous burden has been placed on older children to cope with the needs of younger siblings when their parents are sick or have died. CCATH has sought ways of helping older children to understand these needs better and to mobilize support within the community to help children cope with the burden.

CCATH partners recognize that children have inherited values from their parents and community and believe that it is their responsibility to look after their younger siblings. This is especially poignant at a time when the extended family is breaking down and is no longer able to take on its traditional role of adopting orphans. Children's commitment to their younger siblings

> After the training on child development, one girl, Maureen, said that it had changed the way she treated her younger sister. The two girls live alone. Maureen used to make her little sister work hard all the time on household chores. Now she understands why her sister was getting frustrated and recognizes the need for younger children to play with their friends.
> Annet Biryetega, NACWOLA

makes a stark contrast to the frequent cases of exploitation cited by children, when their relations take their inheritance and leave them to cope alone, or, if taking them into their household, may exploit them for household work. Memory Books are also used to document the children's inheritance and to identify trusted adults in the community who will protect their rights.

Lessons learned
- While the Memory Books were being introduced before the CCATH project, the current work has helped programmers to view the process from both the parents' and the child's perspective. The evidence shows that children over the age of eight who know about the parents' HIV positive status cope better with the final bereavement, although they find each illness in their parents more stressful.

- The demands on the parents and children going through this process of disclosure require ongoing counselling and peer support. Such counselling should be available for the whole family.
- Before deciding to disclose their health status, parents need to consider the child's age, level of understanding, health and other circumstances.
- While the Memory Book may not be appropriate for very young children, when they grow up it will have crucial value in forming their sense of identity.
- In cases where parents have already died, children can develop their own Memory Books or Memory Boxes (with photos and other treasured items), working with family, friends and neighbours to recover the memories and values of their parents.
- The challenge for this important initiative is to provide widespread training for community-based organizations to support parents living with HIV/AIDS and to identify and train counsellors for children.

> 'The Memory Book has helped me to know about my mother and father and to find out which people are trustworthy in case I am in need. It has helped me to know that we have rights as children.'
> 14-year-old girl, Uganda

Implications for future initiatives

The CCATH experience has affirmed the importance of working not only with children but with the community as a whole. Adults play an important role in communicating with children, learning to listen to and respond to children's concerns and to respect their need for honest answers.

> 'In Kibuye Primary School in Kisumu, the peer counselling club members feel great responsibility towards orphans and other vulnerable children in their community. They contribute money for books and pens and maintain their own fund. They are also able to tell if a child has a problem or is unhappy. If there are issues which this group feel they cannot answer, they refer to adults.'
> Catherine Ogolla, KANCO

CCATH's work has also underlined how the impact of HIV/AIDS in fact affects *all* children in a community, whether through illness and death within the family or of neighbours, teachers, health workers or friends. Interventions need therefore to include *all* children, not just those most obviously or directly affected by HIV/AIDS.

The main challenge faced by community-based organizations has been in finding an appropriate balance between addressing children's survival and addressing their development needs. While children benefit from counselling and psychosocial support, their basic need for food, shelter, health care and school fees must be met. It is a need that is indeed overwhelming and growing and can only be met through collective response at community level and effective support at government level. Children have an important role to play in providing understanding, care and support to each other.

Another area that cannot be ignored is the need for anti-retroviral drug treatments in these communities to enable parents to survive their children's childhoods. Further advocacy, policy commitments and structural support are urgently needed at national and international levels to make this a reality.

CCATH has sought to identify not just children's needs and vulnerabilities but also their positive coping skills. Such skills will enable them to help not only themselves but also to help other children to survive and find a positive future. The CCATH project provides a particular focus on the role of Child-to-Child approaches in the development of children's resilience.

References

Carnegie R & Hawes H (1989) Child-to-Child and the Growth and Development of Young Children. London: Child-to-Child Trust.

Healthlink Worldwide (2003) CCATH Project Mid-term Evaluation. London: Healthlink Worldwide.

Mallman S (2002) Building Resiliency Among Children Affected by HIV/AIDS. Namibia: Catholic AIDS Action.

Developing Lessons On Local Games In Mpika, Zambia

Prepared from reports written by Paul Mumba, teacher, Kabale Basic School, Mpika and chairperson, Mpika Pre-school Association.

Introduction

The Child-to-Child approach has a long history in Mpika, dating back to the 1980s. Teachers have successfully used Child-to-Child methods to promote health learning and action. From 1999-2002 teachers and children in 17 local primary schools were involved in a project funded by Comic Relief to include children with disabilities in regular classrooms.

Teachers have also been involved in developing, testing and reviewing their own classroom lesson plans to help children participate more fully in health promotion. From an identified theme, teachers plan a first lesson which introduces children to the theme. In this first lesson, and in those that follow, children engage in a variety of activities based on the identified theme. These might include discussion in cooperative groups, conducting surveys which involve pre-school children in the community, and initiating and carrying out activities which help younger children develop. A number of linked lessons delivered over a period of days or weeks provide children with a good opportunity to develop ideas around the theme.

Since early 2002, with funding from the Morel Trust, a group of teachers led by Paul Mumba have explored play as a learning process in Kabale Basic School. The aim is to help primary school children develop ideas through play, which enable them to introduce and stimulate very young children into learning. The main objective is to encourage older children to develop local games for younger children. Through the initiation and practice of such games, it is hoped that the younger children will begin to develop specific cognitive skills, such as memorization, spelling and counting.

Below, Paul Mumba describes the lessons plans he created for his work with children.

Class lessons on local games for grades five to seven, developed and tested at Kabale Basic School, Mpika, Zambia

Together with other teachers in Kabale Basic School, I developed a series of lesson plans based on the theme of play/games. The primary aim of the plans was to encourage interaction amongst older and younger children in the context of play/games.

Initially, I decided on a theme for my class: developing local games. I then helped to develop, with other teachers in the school, a sequence of seven linked lessons:
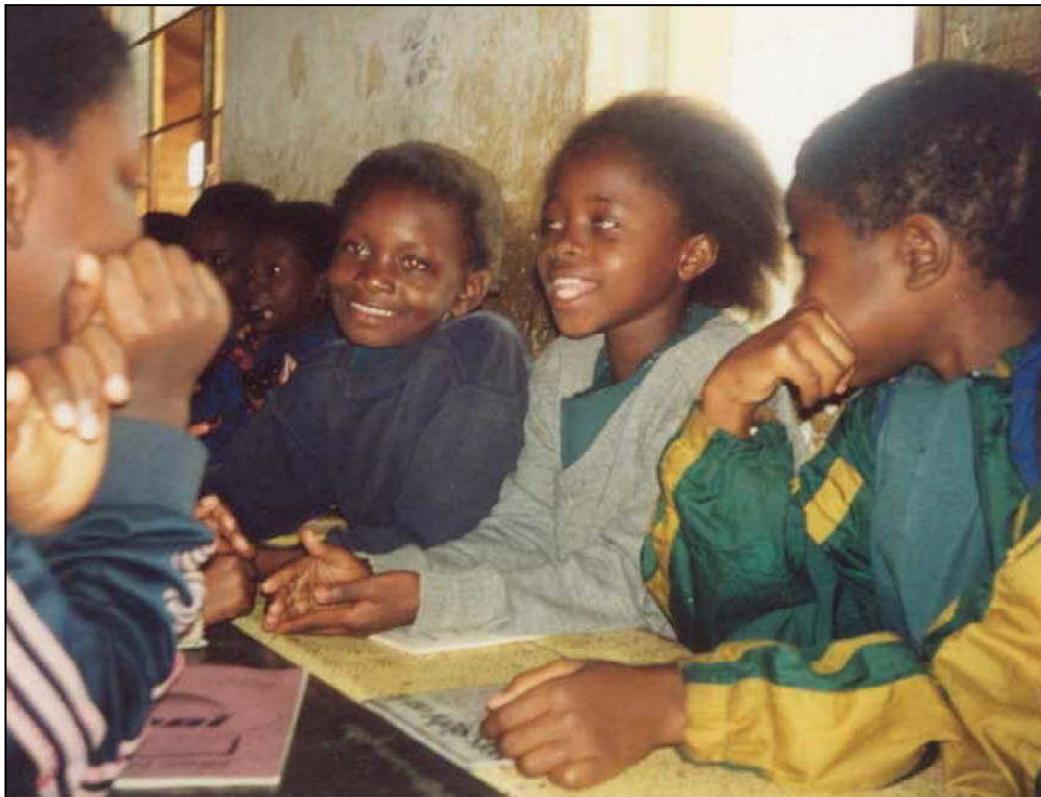
Having fun with Child-to-Child at Chibaya Basic School, Mpika. Photo: Mpika Project

Lesson 1: English Language — Comprehension
Lesson 2: Zambian Language — *Ifyangalo* (Games)
Lesson 2: English Language — Comprehension
Lesson 4: Mathematics — Statistics/graphs
Lesson 5: Zambian Language — *Kankuluwale* (Game played in a circle)
Lesson 6: English Language — Comprehension
Lesson 7: English Language — Direct speech

Examples of the important features of lessons two and four are described below.

LESSON TWO

SUBJECT: Zambian Language
TOPIC: Ifyangalo
DURATION: 40 minutes

Reference: Children's own resource (local community)

Behavioural objectives

Having been given a topic for discussion, pupils should be able to:

- List games or activities they play or do with their younger brothers and sisters.
- Write the names of such games and activities in their local language.

Here are some of the results from Kabale school

1. *Inkondo* (war play)
2. *Bola* (ball games)
3. *Ukusambilisha* (teaching)
4. *Ukubutuka ulubilo* (running up and down)
5. *Ukusambilia ukwipika* (teaching cooking)
6. *Ukusambilila ukubelenga* (teaching reading)
7. *Tulapenda nankwe* (teaching counting)
8. *Ichidunu* (hide-and-seek)
9. *Tulasambilia ukulemba ishina* (teaching reading, reading/writing)
10. *Ukusambilsha ukusamba* (teaching how to take a bath)

LESSON FOUR

SUBJECT: Mathematics
TOPIC: Statistics/Graphs
DURATION: 80 minutes

Reference: Children's own resource

Behavioural objectives

- Produce a list of games played locally by children.
- Having listed the local games, pupils vote by secret ballot the most common game played by children locally.

Here are some examples of children's responses at Kabale

Games played locally
1. *Akalambe*
2. *Sikabu*
3. *Ichiyenga*
4. *Igo*
5. *Sojo*
6. *Kilio-Kilio*
7. *Ichidunu*

The most popular local games
1. *Akalambe*XXXXXXXXXXXX
2. *Sikabu*   XXXXX
3. *Ichiyenga* XXXXXXXXXX
4. *Sojo*   XXXXXXX
5. *Igo*   XX
6. *Kilio-Kilio* XXXXX
7. *Ichidunu* XXXXXXXXXXXXXXX

Preparations for the next lesson

I asked the older children to find out which of the above games are most played by younger children.

Evidence of impact

I feel it is important to quote the exact feelings of the younger children in their local language for deeper insight. The younger children enjoyed the games developed and adapted by their older friends. Comments such as the following were overheard:

Kabale Basic School, Mpika, Zambia. Photo: Ingrid Lewis, EENET

'Playing this game is very nice!'

'Shall we call other friends to join us?'

I personally learned a lot from both the older and younger children. The older children also gained a lot from the experience. This was clear from their comments:

'I came to learn about how to prepare, design and think about things as I prepared activities for the younger children.'

'I came to learn some spelling of words as I read books where I wanted to get ideas from. I learned more!'

'I have learned a lot from the younger children. I thought that they do not know how to spell any words. I have learned that when I am also playing I should use ideas from school so that I become bright in class. Everything that I am not good in I will improve.'

The older children managed to adapt some of the games so that they could be used for younger children's development. One said:

'We played the game eagle/igo. What we added to the game is writing, in words, numbers like ten, nine and six. The younger child has learned how to write numbers in words and to play the numbers game. We have learned from the younger children that the game is difficult for them to play.'

The younger children benefited from the efforts of the older children, as can be seen below:

'I am happy now that I know how to count.'

'I can now spell my grandfather's name.'

'I can count up to 40 now.'

'I know how to write 9 in words.'

The younger children shared their new knowledge with other younger children. Additionally, some of the older children were able to observe changes in younger children as a result of the experience. One older child remarked:

'The younger children in my neighbourhood have learned how to write 2 and I in words'.

'The younger children in my neighbourhood have learned how to write 3, 2 and 1 in words. And they know how to write letters A up to Z. They have learned how to count to 100. I am very happy because they know how to write.'

A challenge for the future

The challenge I now face is to share the above ideas with teachers and children in poorly resourced schools located in my district. In these contexts, no pre-schools exist. I plan to work with teachers to show them how to link such schools with the young children in the surrounding community. As stated in the introduction to this paper, the primary objective will remain the cognitive and other development of younger children, including preparing them for their primary school experience. Through the development and implementation of games which stimulate older child/younger child interaction, I believe we and the children can achieve this.
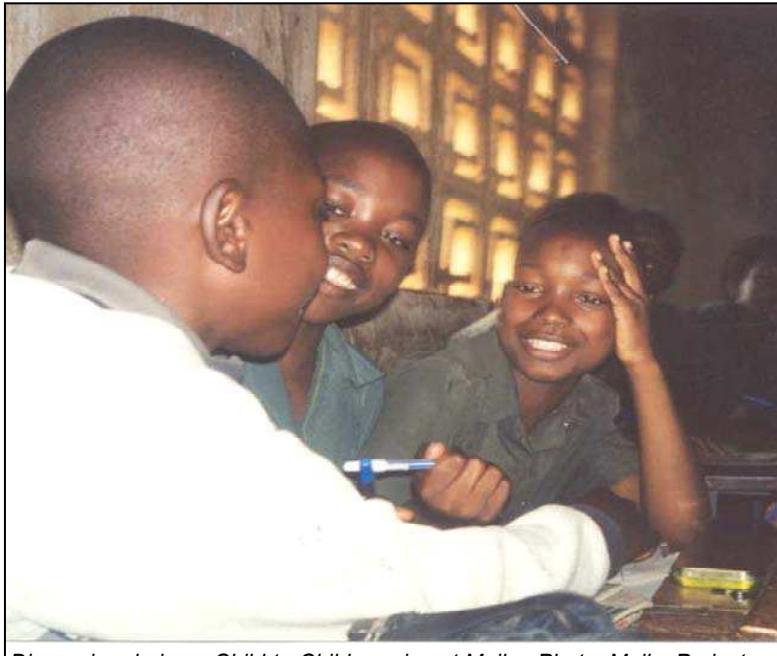
Discussion during a Child-to-Child session at Mpika. Photo: Mpika Project

ARAB RESOURCE COLLECTIVE: 'A CHILDHOOD FOR EVERY CHILD'

Prepared by Sonal D Zaveri, Child-to-Child International Adviser

A right to health, a right to learn, a right to participate …
The Ein El Helweh Palestinian refugee camp in Saida, Lebanon, 45 km south of Beirut, is one of the biggest, with a population of 45,000. Unofficial estimates are higher: a population of 60,000. Boxed in by small bylanes, small, dingy living quarters, poor sanitation and water services, the sun's rays do not even reach many of the apartments. Barricades and the army separate the camp from the local Lebanese population.

Established in 1948 by the Red Cross, the United Nations Relief and Work Agency (UNRWA) took over in 1952. It removed the tents, constructed buildings, built schools and initiated social support and health services. UNRWA is responsible for primary and secondary school education but does not address the population of children under six years of age. Many NGOs and INGOs work in education, health and community development in the area.

Many of the people living here are the first wave of refugees that fled northern Palestine after the state of Israel was formed. Later wars, including the civil war that raged in Lebanon for 15 years only increased the numbers living in the camp. The unemployment rate is high, almost 50%. Rival Palestinian groups within the camp, turmoil in the region and the world have contributed to the prevailing unrest. The school curriculum is uninspiring and there are very few open spaces to play, further affecting childhoods already lost in war and unrest.

Children who participate in the Child-to-Child programme were born in the camp and know no other life. The Child-to-Child programme has adapted to the contextual realities in the camp. It is strongly embedded in the early childhood education and development (ECED) and community development programmes.

Voices of five-year-old children at the Kanafani Kindergarten and Naba'a Foundation:

'The chest in the body is black because of smoking, the face is yellow, teeth are black and the flowers have all died because of the smoke. They are lying down. On this side, there is no smoke, so all the flowers are alive and standing straight.'
A five-year-old explaining her drawing on smoking

'We went to the doctor and asked him many questions about what would happen when we smoke. Many people smoke. My father also smokes.'
Five-to-six-year-old children in the Child-to-Child programme talking to other class members in a joint class meeting

'I remember the story told to me by an older child from the school dropout group at the centre about being clean, changing clothes every day, taking a shower and cleaning the teeth. Besides, she also plays with me.'
Voice of a five-year-old

The Arab Resource Collective

The Arab Resource Collective (ARC) was founded in 1989 with the mission *'to build on people's assets through knowledge and communication.'* It began in a simple way, in a workshop in Cyprus in 1987 to write the Arabic version of David Werner's *Where There is No Doctor.* The workshop highlighted the urgent need of development workers in the region to be supported in their work by relevant resources in Arabic, and for networking to learn and share from experiences.

The general aim of ARC is to cooperate with community-based organizations, working throughout the Arab world, helping to identify the needs and challenges they face and aiding the development of their human resources. It provides community workers with the tools and skills to work on development issues with deprived sections of the community.

ARC quickly realized that mere translation of development literature was inadequate. There was also a need to adapt materials to local social and cultural contexts. The Arab world is not a uniform cultural reality but a range of diverse realities – from traditional societies to more democratic ones, from Palestinian refugee camps to communities in different countries having varied needs. It has been a challenge for ARC to address all these needs in its attempt to 'Arabize' materials and resources.

ARC activities can be summarized as:

- Resources: production of written, audiovisual and electronic materials on developmental and related themes for use in the Arab world;
- Workshops: regional or national, consultative, thematic or special;
- Networking: with local and international partners, at national and regional level.

All are discussed in more detail later on.

As a regional resource collective, ARC does not implement programmes. It works with, and provides a platform for, community-based organizations in the Arab world to share learning and develop human resources through training and resources coordinated by ARC. Its presence is particularly strong in Lebanon, Palestine, Egypt, Jordan and Yemen. In Morocco, Tunisia, Syria and Sudan informal networks have been initiated.

ARC provides its partners with an opportunity to network through discussion forums at the local level; participation in regional workshops and consultative meetings; field visits to exchange information and document experience; and development of a database of partners and a website.

ARC began with an emphasis on primary health care but soon moved to early childhood education and other fields related to childhood and youth, recognizing the need to address the vulnerability of children in the Arab world.

> **Children in the Arab world: some statistics**
> - Children aged 0-18 make up half of the population and those between 0-8 constitute almost a quarter of the population.
> - The number of children in the Arab world under the age of 15 is approximately 100,000,000 of which 10 to 12 million have various disabilities. Available services and care (often deficient) reach only 5% of disabled children.
> - The pre-school enrolment rate is less than 13% in 10 Arab countries, between 13-50% in four Arab countries and over 70% in two countries only.
> - Millions of elementary school children are not enrolled in schools.
> - The death rate of under-fives is 70 per thousand in six countries.
> - Children in the Arab world are affected by the very great differences between areas, groups and societies in the region.
>
> Compiled from *Qatr-an-Nada*, Issue 3, Summer 1999, Pg. 4 and *Qatr-an-Nada*, Issue 6, 2002 Pg. 14.

Whether in resource development or supporting partners in implementation, ARC has always stressed the need to address children who are socially and economically disadvantaged.

With better understanding of the psychosocial needs of children, ARC replaced early childhood education with early childhood education and development (ECED), promoting an inclusive, integrated and holistic vision. An expert and dynamic regional consultative resource group plans and reviews ARC's regional ECED programme.

ARC also began working on issues related to the Convention on the Rights of the Child (CRC) and found in it an 'umbrella' for its programme related to children. The CRC found echoes in the broader human rights issues that were agitating the Arab World and was swiftly integrated into various community-based programmes. The right to participation found expression in the Child-to-Child approach, providing a systematic base for implementation. ARC's experience in CRC and ECED has strongly influenced the Child-to-Child programme in the region.

Child-to-Child and ARC

Child-to-Child came to the Arab World in early 1981 and over two decades took root, developed and adapted. The introduction and acceptance of the approach was relatively easy – the role of the older child in caring for younger siblings was already present in the social culture. Initially, the Child-to-Child approach was intimately related to health education but it was soon applied more broadly. Those who used the approach found it quite successful in introducing health education in schools and wanted to promote the active learning methodologies used as part of the Child-to-Child approach in the teaching of other subjects in schools. Additionally, although some NGOs preferred to use the Child-to-Child approach in health education, others transformed it as a means to realize child rights and child empowerment.

Child presenting work on 'smoking,' Kanafani kindergarten. Photo: Sonal Zaveri

The Child-to-Child programme now stands on two strong pillars of ARC's expertise: ECED and the CRC. ARC has various programmes linked with children, such as ECED, children's rights, health, etc., and Child-to-Child is incorporated seamlessly into these areas. For example, in Egypt the partners' Child-to-Child programmes range from disability to children's rights to primary health care.

Child-to-Child is primarily promoted through workshops, both local and regional. There is a dynamism between the workshops, the development of the resources, (training kit, newsletter, and workshop and meeting reports) and the networking which results in 'collective ownership' of the programme.

Child-to-Child in the Arab world: Milestones	
1981	First Child-to-Child activity book published in Damascus and Beirut.
1990	First Arabic Child-to-Child readers.
1991	Child-to-Child integrated with health/other childhood programmes.
1992	Child-to-Child introduced in ECED workshop.
1993	First regional Child-to-Child training workshop.
1994	Child-to-Child resource books translated, adapted and published. Child-to-Child integrated into child rights programme.
1998	Child-to-Child newsletter *Ma'an* (Together) in Arabic and English.
1999	Child-to-Child regional training workshop.
2000	External review of all ARC child-related programmes over 10 years.
2001	Child-to-Child training pack – adapted for the Arab world.

Child-to-Child and other resource materials translated by ARC

ARC's resource list currently has over 120 titles, ranging from major publications to workshop reports. The adaptation of the materials to Arabic is now no longer mere translation but the result of collective work on resources enriched by community level experiences.

ARC has produced Arabic versions of various Child-to-Child Trust materials. It has promoted shared consultation with partners when translating materials into Arabic. This collective process allows community-based workers to communicate and share experiences while contributing to the translation of specific texts.

In ECED, ARC has developed a training manual called *Children and Adults Learning* in Arabic and English, which has been extensively field-tested in Lebanon and Palestine. A Child-to-Child training kit called *Trainer's Pack: For Working With Children and Youth* (see below) was developed using the same process. The International Save the Children Alliance training kit on the Convention of the Rights of the Child, translated into Arabic, has been used widely and its impact studied.

Eight Child-to-Child readers have been translated into Arabic – most containing the original health messages.
- Mousa's Adventure in the River (Dirty Water)
- Sami Teaches his Brother (Teaching Thomas – My Little Brother Walks)
- I Can Do It Too (Disability)
- Defeating the Gang (Diseases Defeated)
- The Drink of Life (Down with Fever)
- Murshida Nour (A Simple Cure – Oral Rehydration Solution)
- Five Monsters (Flies)
- The Goal Keeper (Good Food)

Both Child-to-Child resource books – one on training and evaluation, and the other containing activity sheets, have been translated and are widely used. Most people use the resource books by picking and choosing what they find most relevant. Widely used activity sheets include those on prevention of smoking, the integration of disabled children and the prevention of accidents. The Child-to-Child book *Children, Health and Science* has also been translated into Arabic.

ARC developed the *Trainer's Pack: For Working with Children and Youth* with the help of a regional team. It is based on the Training Pack developed by the Child-to-Child Trust in 1995. The English version was translated and shared with ARC's partners. The feedback indicated that there was a need to develop and broaden the content of the pack. ARC's Trainer's Pack in Child-to-Child is the result of a painstaking effort to adapt and make relevant the materials available for Child-to-Child training in the Arab world.

ARC also publishes three newsletters in Arabic and English – one on children's rights (*Haq'qi*), another on Child-to-Child (*Ma'an* or *Together)* and the third on ECED (*Qatr an-Nada* or *Dew Drops: Towards a Fair Start for Children in the Arab World). Ma'an* is published two or three times a year. The first issue in Summer 1998 was on 'Introducing the Child-to-Child Concept'. The Winter 1999 issue was a special with *Haq'qi* and discussed children's and youth participation.

ARC also distributes a Child-to-Child video and manual for training based on experiences from India, UK and Mexico. The video and manual target animators and teachers.

A collection of case studies from Yemen, Nepal and Palestine, *Rebuilding Young Lives*, adapted and translated into Arabic by ARC, illustrates how to use the Child-to-Child approach with children in difficult circumstances. The case studies demonstrate how through participation children are able to raise their self-esteem, gain social and problem-solving skills, and develop a sense of control over what happens in their lives.

Promoting the Child-to-Child approach

Child-to-Child is promoted in various ways by ARC and its partners:

In training
ARC provides opportunities for training of animators, teachers and volunteers to learn how to be more facilitative with children. Training that provides understanding of Child-to-Child and child participation along with skills building in active learning methods has been found to be most useful. Local and national level NGOs affiliated to ARC also promote the Child-to-Child approach in their training. For example, many of ARC's Child-to-Child resources are used in training of kindergarten teachers in the Kanafani Resource Centre and introduce trainees to child participatory approaches. The Naba'a Foundation undertakes intensive training for its volunteers in the

Child-to-Child approach and Child-to-Child materials before they take sessions with children in the community development centres and summer camps.

In selection of topics
The Child-to-Child approach recommends that children be actively involved in selecting health topics. Because the children are very young, often five or six years old, topics are selected based on discussions with children and parents, and on observations by teachers or volunteers. Specific examples of different topics are provided later in the section 'Arabization' of Child-to-Child.

In the six steps
The Child-to-Child six steps are widely and faithfully used within the ARC network. They provide a systematic methodology to encourage children's participation, even with young children aged five and six. We now explore how the six steps are put into practice.

Discussion at the Kanafani Kindergarten. Photo: Sonal Zaveri

In active learning

ARC's partners use a variety of active learning methods including art, drama, song, role-play, storytelling and others. In ECED, Child-to-Child active learning methods blend easily in the learning of science, language and other subjects. In community development programmes, youth and volunteers who work with young children are trained to use these methods to promote learning. Most programmes also have outreach activities with parents, educating them on the importance of play for young children's learning and encouraging them to provide psychosocial stimulation for their children (especially those with disability). Older children participate in many activities with young children and learn how to stimulate and play with them.

> 'I have a five-year-old handicapped daughter and now know how important it is for me to play with her. At home, we have a corner where we both play.'
>
> 'I have a small child who does not speak, but the children now not only look after her but have helped her to communicate better through playing.'
> Mothers, Naba'a, Saida

In events

Festivals such as International Children's Day, Annual Day, Mother's Day and community events provide an opportunity for children to show what they have learned to their parents, families, and communities.

Child-to-Child in action – using the six-step approach

In May 2003, children at the Kanafani kindergarten, Saida, carried out a Child-to-Child project on 'broken pipes', using the six-step approach. Their experience is presented below.

Step One: understanding the issue

The teacher had heard children talking about open pipes on the road and that their feet got dirty. The teacher asked different questions about where they had seen the water. The children decided that they would go into the community and find out all the places where the pipe was broken. They discussed how water was important and that when there was a shortage it should not be wasted.

Step Two: finding out more

The children with their teacher went to find out where the broken pipes were. On the way, they met a friend who told them where one was. As they were walking, they saw a young man with a pipe spreading water outside his shop. The children stopped and requested him not to do so because people did not have water in their homes. They said that if he had to use it, he should use the water sparingly. When he argued that he was cleaning the front, the children suggested he could use a broom to sweep and again explained that if there was no water the cats, dog and chickens would die. The young man finally took heed and stopped. The young children proceeded once again to find out where the broken pipes were. One broken pipe was quickly spotted and the children tried to stop the water by putting a stone on it. It did not help

and they followed the pipe to the house from where it originated. They explained to the lady of the house what they had seen and why water should not be wasted and asked her to help stop the water. She promised to do so. The children visited the large storage tank that was under construction that would solve the problems of water in the future. There was another kindergarten nearby and the teacher talked to them about the use of the storage tank. The children asked questions about its height and what would happen to the pipes on the street. Happy with the answers they received, they took a break to play in the garden next to the tank!

Step Three: planning action
With the help of the teacher the children composed a dance on the usefulness of water and discussed who else they should talk to – should they talk to the common Palestinian committee in the camps or to the Director of Sanitation? Everyone agreed they could talk about it to their families and to the children in the school.

Step Four: taking action
The children danced in front of the other children in school and requested others to join in, to whom they also taught the dance. Children talked about using water carefully at home. The next week the children returned to the place where the water was leaking and found that it had been blocked. They went and thanked the lady of the house. In another home, the water had not been plugged and the lady of the house said that it was not her pipe and she did not know where it came from. The children decided to think about what to do next.

Steps Five and Six: evaluating and doing it better next time
These steps are next and have yet to be planned by the children!

Slightly older children (aged seven and eight) are able to discuss and choose a Child-to-Child topic with a little facilitation from animators. Here is another six step sequence, this time carried out at the Naba'a community development centre, Ein El Helweh, Saida. The topic is 'heavy school bags'.

Step One: understanding the issue
The Child-to-Child committee met regularly and had several discussions with the animators about what participation meant to them and how they could deal with problems in the community. The group 'brainstormed' various problems in the community, such as violence by teachers, children not respecting teachers, health problems, and heavy schoolbags. The children prioritized problems they could work on and decided to work on heavy school bags.

Step Two: finding out more
The children collected information from the library where they got an article on health problems that may occur when heavy bags are carried, e.g. back pain.

They talked to friends and found out that some children got back pain and did not go to school.

Step Three: planning action
The children shared the information they had collected and planned what to do next. A role-play was agreed on – how to hold school bags correctly – they should not be slung on one shoulder even if it looked very nice. The children practised the role-play and took suggestions from the animator to improve the role-play.

Step Four: taking action
The children contacted the UNRWA schools and performed the skit in the primary section of the girls' school.

Steps Five and Six: evaluating and doing it better next time
The children found out how many of their friends had decided to change the way they held the bags.

'Arabization' of Child-to-Child: integration and evolution of a holistic vision

Child-to-Child has evolved from a programme focused primarily on health to now include ECED, the CRC and community development. The Child-to-Child component is so well integrated it can no longer be isolated from these other programmes. Within each of the programmes, Child-to-Child has evolved and contributed to a holistic vision of childhood and principles of partnership and participation.

Child-to-Child and ECED: The Ghassan Kanafani Foundation kindergartens

ECED is the strongest of the ARC programmes. It has a well-articulated, holistic and integrative vision of childhood which supports the philosophy and approach of Child-to-Child. It views early childhood as a stage in development rather than a mere preparation for elementary school. ECED actively pursues the philosophy of inclusion of children with disabilities and has integrated this component into Child-to-Child activities.

The Ghassan Kanafani Foundation is one of the best examples of the ECED and Child-to-Child vision. The foundation runs kindergartens in many camps in Lebanon. It was introduced to Child-to-Child in a regional training workshop in 1999.

The Kanafani kindergartens follow the Child-to-Child six-step methodology. The kindergartens already promoted children's participation, but the introduction of the Child-to-Child six steps helped in its systematic implementation. The kindergartens include activities such as art, play, music, song, dance, drama, puppetry, observation and other active learning methods. Child-to-Child also encourages the use of such active learning methods.

Children are our future

The Ghassan Kanafani Foundation was created in memory of Ghassan Kanafani, a prolific and well-known author, journalist, artist and spokesman of the Palestinian people, who was killed in a car bomb explosion in Beirut in 1972.

The Ghassan Kanafani Foundation resource centre in Beirut runs a two-year training programme for kindergarten teachers and delivers a baccalaureate degree that includes the Child-to-Child approach and child rights in its syllabus.

The Foundation runs six kindergartens and two rehabilitation centres (for children with disability) with capacity for 825 children in the Palestinian refugee camps and deprived areas in Lebanon. Its outreach programme for disabled children, children's libraries, art centres and clubs benefit another 500 children. More than 7,000 children have graduated from the Foundation – many of them school children. Others have already grown and become university students, teachers, workers and parents.

As with the ECED programme generally, the Foundation promotes a philosophy of inclusion. Children with disabilities learn and play with non-disabled children in the kindergartens. Non-disabled four to six-year-old children have learned to help blind children when they walk and play, use sign language with the hearing impaired and communicate with children who have learning difficulties. Because of inclusion, children with and without disabilities, sing, dance, paint, learn, play and participate in the Child-to-Child six steps and activities. Many of the older children from the habilitation centre and the children at risk group (consisting of 14 to 25-year-olds who may be slow learners, dropouts or disabled) tell stories and play with the kindergarten children when teachers are busy.

The kindergarten has expanded to include a variety of services in the centre, such as a library, which provides a place for older children to study and play before and after school. Vocational training for older children at risk is also provided. Such activities also provide opportunities for the natural integration of older and younger children in Child-to-Child activities.

The kindergartens foster strong links with parents, especially fathers (who traditionally do not participate in the upbringing of young children) and encourages them to visit the kindergarten and observe classes. Special efforts are made towards educating parents on the importance of kindergartens, and the health, cognitive and psychosocial needs of the young child. Home visits by teachers and meetings at kindergarten centres help to reinforce these messages. The strong linkage with parents and family contribute to the 'linking learning with life component' of Child-to-Child.

Children from the Kanafani kindergarten find a leaky pipe. Photo: Sonal Zaveri

Child-to-Child topics come from the kindergarten curriculum, interaction with children and parents, and observations by teachers in school and during home visits. In some cases, Child-to-Child naturally fits in, such as in the topics of 'water' (rational use of water and preventing wastage); 'environment' (keeping the surroundings clean; protecting oneself from the heat) and 'my body' (personal hygiene). In some cases, Child-to-Child themes are selected independently, e.g. 'smoking' and 'violence' (bullying). Parents have suggested topics such as 'teeth care', and 'eating nutritious food'.

There is an acute shortage of water in the Ein El Helweh camp and parents were complaining about it. Children had said that they often saw water running free from broken pipes on the road and many came to school with dirty shoes because of the wet, muddy road they walked through. For these reasons, we chose the topic 'rational use of water' for the Child-to-Child programme in the afternoon shift with the five and six-year-olds. Smoking is a problem – both men and women smoke a great deal and there is a trend among young people to begin smoking at earlier ages. Habits are difficult to change. The topic was chosen to sensitize children at a young age, hoping that when they grew up, they would not smoke. It was also hoped that messages by children to their families on the hazards of smoking would lead to a change in behaviour among those who smoke in the family. Children believe in what we say and trust us. We knew that whatever message we discussed, the children would deliver it at home.
Teachers, Kanafani Kindergarten, Saida

In 2003, there were 15 children aged five to six years old involved in specific Child-to-Child programmes at the Saida Ein El Helweh refugee camp kindergarten, nine working on smoking and six on the rational use of water. Children were informed about the Child-to-Child activities and a few children came forward to participate. Permission from parents was obtained before starting the programme with these children.

Violence – the problem of bullying
A group of four-year-olds were able to understand different types of violence with the help of pictures. One picture showed a child pushing another. In another an object was being thrown at a person. In another an old woman's walking stick was pulled away making her fall. The children discussed the pictures in groups and then role-played each scene. Each child was given a name tag that represented one of the characters in the pictures, encouraging them to understand the feelings and thoughts of the person they were role-playing.

One of the children would then sit on the 'hot seat' to find a solution to the problem. This was again role-played. One suggestion was that a child could help the old woman find her stick. Through this discussion, and through thinking and role-playing, children sought out workable solutions to the problem of violence.

The children then sat in a circle around the pictures and talked about all the possible solutions. After this intensive exercise, there was only one thing left to do – snack time!
Child-to-Child at a Kanafani Foundation kindergarten

Child-to-Child is also implemented in the rehabilitation class. The teachers had to convince parents of the need to address the specific needs of disabled young children. Teachers have worked with older children with physical and learning difficulties on Child-to-Child topics such as diarrhoea, and how to take care of and play with younger children. The older children were taught to make toys, tell stories and play simple traditional Arabic games.

Kanafani kindergarten children obtaining information from a health expert. Photo: Sonal Zaveri

Child-to-Child and CRC in civil society: The Naba'a Foundation experience
ARC has adopted the CRC as a framework of concepts, principles and values for all childhood programmes, including Child-to-Child. By adopting CRC as an 'umbrella' concept, ARC hoped to link the child with the larger society and concern for human rights. Over the years, ARC observed that the realization

of child rights is often superficial. The linkage between the CRC and Child-to-Child is problematic because it requires a deep understanding of Child-to-Child.

The Naba'a Foundation is one excellent example of how the difficult concepts of child participation and Child-to-Child can be translated in the context of community and strengthening of civil society. Naba'a means spring – children participated in the selection of the name. It was founded as a local NGO in 2001, but in reality the Foundation has a long history of working on children's rights and community empowerment. The Foundation serves 8,000 children in Palestinian refugee camps in north and south Lebanon. It was the field programme of Save the Children Fund (UK) before it went local and is therefore supportive of much of the CRC philosophy. In Naba'a, Child-to-Child is not separate, but rather is a cross-cutting approach in all its programmes.

Naba'a works in community development programmes, learning and play centres, in new project development, small grants schemes, capacity building of other NGOs, and a quality assurance scheme for kindergartens among others. Naba'a believes that centres and community-based workers can act as catalysts to form a vibrant civil society. Naba'a therefore also works with the community which it defines as consisting of children, parents and families, volunteers and community committees. It also works with practitioners (teachers, kindergarten teachers and animators) and other NGOs who work with children and institutions. The latter include schools and other services.

Naba'a believes in the full and active participation of children in the development of civil society; children have a voice and that it should be heard. It believes that communities can provide opportunities to help children realize their full potential. Naba'a has therefore worked to develop

Naba'a's Child-to-Child: Children singing a health song. Photo: Sonal Zaveri

children's committees in all its programmes. Children's committees help to translate the vision of CRC into reality. Committees are not new to Naba'a and the children's committees coexist with parents' and community committees.

Naba'a is in the process of developing an apex children's committee with representation from all its eight children's committees. This apex committee will participate with Naba'a executive members in the planning and implementation of the programme.

Children discussed the criteria of membership for the children's committees, including the age criteria (usually between seven and 13). They elected seven members to the committee to discuss and articulate their needs. Committees exist for Child-to-Child, child rights, sports, magazines, computer, library, among others.

Naba'a also recognizes that Child-to-Child is deeply rooted in the culture but uses the Child-to-Child six steps as an important planning tool in the community. Children are involved in the needs assessment exercise every year. The Executive Director of Naba'a compares Child-to-Child to the 'joker' in a deck of cards. The Child-to-Child approach, like the joker, has multiple and ever-changing uses but is always able to 'fit in' and strengthen the value of what is being played.

Naba'a believes in inclusive education and is secular in its approach. Disabled children, young and old, attend the community development centres and participate in all activities. The Naba'a programme involves youth volunteers in the implementation and management of the programme. In Child-to-Child, this has translated into a number of integrated activities. For example, out-of-school youth (boys and girls), participate actively and in a planned manner in ECED activities with children. Young people are trained to conduct summer workshops for 5 to11-year-olds. They also learn child participatory methods through working on the many topics identified by the children during the annual needs assessment.

> 'Young children learned to check the expiry date on cans, learned about good nutrition and what to do when there is an accident.'
>
> 'An under-five child, seeing his father smoke, put up the poster on smoking in the home that had been drawn in the class. The father, if he has to, now goes out for a smoke.'
>
> 'Having learned that it is wrong to share toothbrushes, children from ECED insist that each sibling has his/her own toothbrush.'
> Examples of ECED at the community development centre, Naba'a, Saida

The involvement of young men in the activities of the centre has resulted in developing new role models – of boys who share and care. Older boys help care for younger children, making toys for them and playing with them. The natural assimilation of older boys in ECED activities has helped to break down traditional gender barriers that defined 'boys' work' and 'girls' work'. Seeing the caring older children, five-year-olds have also learned to care for younger (and sometimes older!) siblings at home. Under-fives learn about personal hygiene, brushing teeth, cleaning hands after going to the toilet and before eating, from the older children.

Dialogue with parents and community has encouraged them to send girls who have dropped out from school to the centre. These girls are often as young as six and some have disabilities. By encouraging the girls to participate in ECED at the centre, their confidence increases and many are re-enrolled into

the formal school. Girls over 12 years are offered vocational courses. Because ECED is housed in the same centre, they help the teachers carry out many activities with the under-fives, such as telling stories, singing songs and performing skits.

Most parents have to be sensitized about the value of ECED and how it encourages communication and learning through play. The results of numerous Child-to-Child activities – changes in children's articulation, communication, play, self-confidence and better cooperation among older and younger children – have constituted powerful evidence for parents to send children for ECED. Traditionally, Arab culture does not recognize that young children are capable of contributing significantly to improving the lives of their families. The Child-to-Child approach has been powerful in demonstrating what children can do.

Younger children are now able to share a great deal with older children, their parents and their friends and are appreciated for what they know and do. They are also now able to contribute positively in their daily lives in a way that goes beyond playing and studying.

Selection of topics for Child-to-Child in ECED

Children involved in the ECED programme do not always get an opportunity to identify the Child-to-Child topic because the ECED centres use a thematic approach for the lesson plans. Visits by teachers and volunteers to the community and meetings with parents have helped identify a number of health topics such as personal hygiene, care of teeth, head lice and eating a balanced diet. Some of the Child-to-Child topics have been on water pollution, dangers of smoking, diarrhoea and the need to protect oneself from the harsh sun in summer. Sometimes the older children at the centre identify topics for the younger children.

One of the younger children's favourite songs at Rashidieh Camp, Lebanon, is the *Song of the Sun*, part of the topic concerned with protection against the sun. It goes like this:

> The children at the centre observed that hair lice was a common problem with younger and older children and that they needed to address it before they worked on bullying. The older children took the lead and found out how many had the problem. They went to the library, talked to the doctor and got more information. A number of activities were planned – role-play, song, campaign, etc. Some of the younger ones continued to have a hair lice problem, so shampoos were given to them to take home. They were informed of the treatment so that others could be protected. Older children also did home visits and found out how many had actually taken the treatment.
> Community development centre, Ein El Helweh Camp, Naba'a, Saida

The Song of the Sun
La tala'b bish-shams
Don't play under the sun!
Byou jaa'k raasak
Your head will ache
Wash-shams yamama yamama yamama
And the sun my mum, my mum, my mum will interrupt your breath
Ya mama al- ahdath ktaar
Oh my mum, accidents are many
Ahlalak tirtah shi nhar
You'd better rest in the day
La tkhali albaba yihtaar biahaatak wa salaatak
Don't make your father anxious with your sickness
Washrab allaymoun yamama
And drink the lemons, my mum
Allayamoun bighathiek
Lemon is nutritious

Naba'a interprets health broadly and includes a number of activities with young children that promote 'social health', such as visiting a sick friend, sharing food, making toys and playing with each other. All cut across socio-economic differences among children in the camp.

Needs are also discussed in the children's committee meetings. All children participate and volunteers assist children in choosing health topics that they can work on. All topics are closely linked with the health services provided by UNRWA so that children and parents are able to access and utilize available services. Because of Naba'a's community work, links between ECED and parents and community groups are possible.

Monitoring and evaluation

ARC regularly monitors and invites external evaluators. It encourages its partners to do so too. The monitoring and evaluation of Child-to-Child is generally integrated with the other childhood programmes. In May 1999, a participatory review of 20 local partners in six Arab countries assessed the impact of CRC, Child-to-Child and ECED. In 2000, two external evaluators carried out a comprehensive review of ARC's programmes in five Arab countries and provided recommendations for the strengthening of the programme. It also recognized the 'dynamic potential' of the programme.

The partners recognize the need to document, monitor and evaluate their activities. The Kanafani Foundation has regular systems of monitoring activities. Fortnightly plans are made in staff meetings and with the Director. Evaluation is carried out regularly and is now part of the system and not considered separately.

Naba'a has regular fortnightly meetings with staff to monitor implementation. There is a review every three months with staff. Children are also part of the review team. Yearly plans are prepared involving children, families and community. Other objective measures are used to monitor activities, e.g. reviewing children's attendance sheets in the different programmes.

Challenges

A number of key challenges have been identified:

- The need for training is the most persistent priority for the local programmes and ARC has recognized its importance in its five-year strategy for Child-to-Child. Because ARC works with partners in different countries, specific training, along with generic training, is required to adapt to diverse local contexts.

- There is a risk of reinforcing the idea that childcare and health care is the sole responsibility of females.

- A rigorous follow-up is needed to review the wide range of contexts in which ARC's partners are using Child-to-Child, so as to ensure that the 'spirit' of Child-to-Child is being promoted. As the external review pointed out, there is a danger that 'adults can easily promote Child-to-Child without really empowering children, for example, active learning without any real engagement.'

- Child-to-Child has gone beyond health education to include social and sometimes child rights issues that reflect the political reality of the region. Progression from simple topics such as safety, nutrition and health education to more complex ones related to social and political issues has to be accompanied by ethical reflection. There is a danger that the developmental needs of children may be neglected and that children may become 'mouthpieces' for larger societal concerns especially when they live in volatile situations of war and unrest. Child-to-Child would then fail to address the cognitive and psychosocial needs of children at different stages of development. The external review pointed out that 'care must be taken not to put children at risk by using the approach to promote unrealistic demands, or ones which would promote disharmony or insecurity within families.'

- When children participate voluntarily in Child-to-Child programmes, self-selection may help these children to become leaders in programmes. Participation is likely to be very unequal, with the same children constantly taking the lead. How to involve all children then, considering that Child-to-Child activities are intensive and time-consuming, especially when working with children under eight?

Achievements

ARC and its partners have achieved much in their work:

- There is better understanding between girls and their parents. Parents now allow girls to come to the centre. Girls have also done better in school. They have found their voice and have begun questioning.

- Older boys have become more responsible and help the younger ones in their studies and play with them. Conscious of being role models to the younger boys, their 'bad' behaviour has been reduced. At home, boys are taking responsibility for their personal needs, helping with housework and looking after their siblings, some of whom are disabled. Because of this, the younger children do not have to go out so much and are therefore safer. Both parents and teachers have noticed the changes in behaviour in older boys.

- Older children have learned how to prevent accidents at home and to protect their younger siblings by putting cartons against open electric sockets, and to keep cleaning liquids and knives away from them.

- Older children with learning difficulties are better able to look after their younger siblings at home, play with them, make toys and tell stories. Mothers reported that they could now leave the younger children in their care (unheard of before) for short periods of time when they went to market or to the doctor.

- Although young children are cherished at home, they are cared for only when they cry or are hungry. The concept that children need to be talked to and played with, and that this is important for their development, was new to many parents and older children. Parents have reported that they have started playing with their children and some have attended workshops on play.

- Children have been able to talk to their fathers more confidently and this has brought about a change, though small, in the attitudes of fathers regarding their involvement in children's upbringing.

- Younger children have brought home many informative messages which the older children may not know – this has brought about a role reversal, in that the younger child's information is respected and not ignored.

- There have been changes in hygiene practice with children washing hands after going to the toilet and before eating, and not sharing toothbrushes and combs. Each has his or her own cup which is kept separate. Children check each other's meals and all junk food is immediately thrown away. In one centre, rich and poor children learn to share food so that all get a better meal. Children naturally help those in the playground who have a disability or who have learning difficulties. The children take them to the bathroom and help them in their work.

- Many NGOs working in Child-to-Child have observed the differences in the ways in which parents relate to the young child. This change was critical because Arab culture does not recognize that young children can make meaningful contributions.

- The children who come from the kindergartens and the community development centres may not be as proficient in the three Rs as children from more didactic kindergartens. But they more than make up for this in the degree of confidence and critical thinking they have gained because of the child participatory approaches used. Within two months, these children catch up with the rest in standard 1 and soon surpass them. The blind children from the kindergarten have been included in the UNRWA school which initially resisted their inclusion. All the blind children did exceedingly well in school.

Clearly, though challenges remain, ARC and its partners in the Arab world have built a strong foundation for the implementation of Child-to-Child in the context of ECED and the CRC. No doubt the future will bring success such as that already achieved.

'PLAYING TO LIVE': PLAY AND ITS INFLUENCE ON CHILD DEVELOPMENT: CHILD-TO-CHILD IN CUENCA, ECUADOR

Dr. Arturo Quizhpe Peralta, Professor of Paediatrics, University of Cuenca-Ecuador, Child-to-Child Centre

Introduction

Ecuador is a small country which is diverse in terms of climate, culture and ethnic groupings. In spite of an abundance of natural resources, its people are amongst the poorest in South America. Eighty per cent of Ecuadorians currently live below the poverty line.

Health and education are not considered priorities in Ecuador. Five out of every 10 children under five years of age are malnourished. In rural areas, seven out of every 10 children suffer chronic malnutrition. As a result of the economic and social crisis, including the influence of the dollar on the economy, entire families have migrated to other countries. Hundreds of thousands of Ecuadorian men and women have moved to the Unites States and to Europe, leaving children with their grandparents or other relatives. According to the results of our study, 15 per cent of all families are disrupted because of migration.

The migration process, and the strong influence of values that are foreign to our culture, have changed people's behaviour. They have destroyed the solidarity of the community. They have split many families and produced alterations in our children's growth and development (emotional, mental, physical and spiritual). The norms for recreation and traditional games are changing very quickly. Our children are spending more and more hours in front of a television. As a result, physical activity and learning are being severely stunted.

The importance of play and games

Games have always occupied the minds of children, regardless of time, place or culture. Playing is often considered the most important and indispensable activity during childhood. Young people spend the majority of their time playing in some form or another, and most often playing represents more than mere recreation. Playing affects and stimulates the growth and development of children. Its utility can be expressed according to four basic areas of development: motor, cognitive, language and social. Traditional games are important in less developed countries and in areas in which individuals live under less favourable economic conditions.

We learned a great deal about children while we observed them playing and interacting. Children take on an essential role in relaying, teaching, and explaining information to others who are younger, e.g., siblings, cousins, and friends. During play, children participate and interact on various levels and learn to formulate distinct relations. All of this helps to lay the foundation for socialization.

The interaction that takes place among children when teaching or playing games, and more specifically the interaction between older and younger

Bolitas – a game. Photo: Fundación Niño-a-Niño

children, is an integral aspect of the philosophy of Child-to-Child.

The Child-to-Child programme in Ecuador

Child-to-Child was initiated in Cuenca, Ecuador in 1985. Since then, the programme has been involved in the following activities:

• Translation and adaptation of the Child-to-Child methods and materials in imaginative ways.

• The production of new materials based on the identified needs and interests of the community (books, health stories, tapes, compact disk, slides, posters).

- Educative and communicative activities such as media reports, videos, radio programmes, theatre, puppetry, drama, song groups, literature and language workshops.

- Training courses, lectures and workshops with a varied group of participants (teachers, medical students, journalists and students of education). Each year one or two international workshops and lectures related to specific topics are held.

- Workshops for child promoters in health education who had maintained a radio programme for 10 years, and as a result had produced their own songs and stories.

- Action-research projects concerned with specific and relevant health topics (e.g. smoking, alcoholism and children's rights).

Jugando a Vivir (Playing to Live)

Since 1998, Child-to-Child ideas and methods have been used to develop a programme called *Jugando a Vivir* (Playing to Live). The programme places special emphasis on raising children's self-esteem, strengthening the relations between members of the peer groups, and developing in children the life skills they need for learning and development.

Playing to Live has been developed by Child-to-Child, in conjunction with two local institutions: the Faculty of Medical Sciences of the University of Cuenca, and the Institute of Education and Teacher Training. It has also been supported by the Morel and Gibbs Trusts, as well as the Ayuda en Acción and Rickcharina Foundations.

The aims of Playing to Live are as follows:

- To identify the attitudes, skills and behaviour of parents, their children, teachers and the elderly in relation to the traditional games associated with their social and cultural backgrounds.

- To investigate and describe our most important traditional and low-cost games.

- To promote the health of our children through encouraging and stimulating the practice of using traditional and low-cost games as a method for recreation and learning.

- To investigate the influence of older siblings on younger siblings, in relation to the practice and teaching of traditional and low-cost games.

- To study and determine the relationship between the practice of some traditional low-cost games and child development.

- To research the possible influence of practising some traditional low-cost games in the psychomotor development of normal and disabled children.

Developing Playing to Live: theory and practice

Photo: Fundación Niño-a-Niño

Playing to Live is a health promotion and community enrichment programme. It is essentially teacher-directed.

The programme functions with a coordinating research team, an education-communication group, and one hundred research assistants. It is directed at teachers, parents, children, and the wider community, and tries to support and encourage them to consider the importance of play.

School teachers, medical students, social and healthcare workers, and students of the Institute of Education and Teacher Training, have been involved and have participated in workshops and planning, evaluation and coordination activities.

The approach has been used to promote physical and mental health, as well as to promote teaching and learning, e.g. maths and science. Intensive creative communication methods have been used: puppets, drama, dancing, songs and musical groups.

Fifteen urban schools and five rural schools with over five thousand children and two hundred school teachers have participated in the process. Attitudes, knowledge and behaviour in relation to play have been investigated. A sample of 1,000 parents, 120 teachers, and 1,000 children was used.

During the research activities, a research and promotion team was assigned to each school. Older children (10 to 12 years old) interviewed their younger brothers and sisters. They also gathered information from parents and had the opportunity to listen and watch traditional games. Participation by children, parents, and teachers in the use of research techniques was also encouraged.

As a result of the research activities, and in order to promote child development, using play as a fundamental right and teaching method, the Child-to-Child programme adapted the Child-to-Child activity sheets on child growth and development. It has also created several specific materials which

answer the particular needs of teachers, social workers and the mass media. These are:

- Serie Jugando para Aprender y Crecer. *Playing to Learn and Grow*: book, video, and tapes with Child-to-Child stories, songs and drama.

- Serie Jugando a Vivir. *Playing to Live*: book, video, and song disk.

- Juegos, recreación y cultura. *Traditional and Low-cost Games, Recreation and Culture*.

What worked: the social and educational impact

The following teacher and parental attitudes were identified during the research stage:

- It is accepted that young children (under five years of age) can play. However, it is believed that at school boys and girls should only play during physical education classes, or during other specific opportunities offered in the school.

- Teachers argued that children go to school mainly to realize an activity that will be fundamental throughout all their lives: study.

- Fathers and mothers link play and recreation with unsuccessful learning and poor school grades.

We strongly promoted the following concepts about play and games:

- Playing is essential in a child's life. It is the most important foundation for a child's health, development and their interaction with adults. If boys and girls are allowed to play, they will enjoy their adult life.

- Playing provides a great opportunity for children to develop skills, to convert passive experiences into action, to participate, and to increase their self-esteem, autonomy, creativity and knowledge.

- Playing is one way in which children can develop and satisfy their curiosity for learning. It also encourages child growth and integrated development.

- Playing is an important activity which helps to maintain a child's physical and mental health. It helps to control anxiety through physical activity, and at the same time produces pleasure and happiness.

Playing to learn, grow and live: lessons learned

A major challenge for the programme was the question of how to convince teachers and parents that play could help children to grow and learn in a better way. We tried to overcome this difficulty with training, discussion and

public awareness drives, utilizing poster campaigns, case studies and mass media reports, including via television.

The fostering of relationships with the Institute of Education and Teacher Training, the Faculty of Medical Sciences, Rickcharina and Ayuda en Acción, helped ensure a supportive environment for the programme. This has in turn helped to guarantee the positive outcome of achieving high impact while maintaining low cost.

Other than the academic support indicated above, our experience with the programme showed that its success specifically depended upon:

- The attitudes, knowledge and behaviour of the teachers and parents.

- The conviction of the teachers involved in the programme (the result of their prior participation in planning, training and evaluation activities).

- The support of parents and community for their children's activities and participation.

- The child's communication skills.

- The quality of the materials produced.

The Child-to-Child programme has undoubtedly impacted on the knowledge, attitudes and behaviour of teachers and parents, especially in the pilot schools. Parents and teachers are becoming aware of the importance of play in children's growth and development. They have begun to develop an understanding of how children may increase their learning capacity while having fun at the same time. The programme has also shown parents and teachers how children, through play, can be enabled to recognize their ability to change the world around them.

With reference to the benefits of play, one teacher interviewed stated that:

'The past experience in some educative institutions has shown us that learning realized through play, in a context that gives it meaning, and that responds to the necessities and questions of the student, makes it significant and interesting. It develops one's self-esteem and confidence, and stimulates the child's initiative in finding solutions. This generates satisfaction for children in discovering new ways to solve problems, while also helping them to develop ideas, be creative and respect others' thoughts and opinions.'

Another commented that:

'Academic performance improved in the whole group after the introduction, application and use of recreational activities. This is especially so with regard to learning mathematics. I suggest that this could be due to the heightened state of alertness generated by structured exercises and playtime.'

And according to one of the school directors:

'Promoting play allows a child to make mental images or to associate their experiences. It helps them develop the ability to discriminate, to evaluate different situations, and to think critically and creatively. Put simply, this is active learning.'

Playing to Live has also strengthened and broadened the use of the Child-to-Child approach in the schools in our area. Child-to-Child has benefited from, but also contributed to, the success of the programme.

As Playing to Live expands we are trying to meet the challenge of ensuring that we have enough volunteers involved to guarantee the smooth running of the programme. This, and the requirement of obtaining adequate financial resources for the programme's implementation in different communities, are issues that will undoubtedly continue to occupy us. There is no doubt in my mind, however, that Playing to Live will continue to be at the forefront of innovative approaches to child development and learning in Ecuador.

Photo: Fundación Niño-a-Niño

CHILD-TO-CHILD AND EARLY CHILDHOOD CARE AND DEVELOPMENT IN EL SALVADOR

Prepared from information provided by CARE-El Salvador and Susie Pullan

Introduction

'PRONAN' (Proyecto Niño-a-Niño), the first Child-to-Child (Niño-a-Niño) pilot project to be implemented with the Ministry of Education in El Salvador (in 2000) had a specific focus on early childhood care and development (ECCD) in rural areas. The pilot was part of a bigger Ministry of Education project that aimed to raise awareness amongst rural families about integrated child development. We – a team from the humanitarian organization CARE, with support from Save the Children and funds from UNICEF – continue to work with the Niño-a-Niño approach in four EDUCO schools (see next section) to see how we can put children at the centre of this effort. Children can learn fast and are capable of teaching other children more efficiently than adults. They can teach other children to look after their health, prevent and avoid accidents, keep the community clean, and look after the waters of the rivers. The educational conception that Niño-a-Niño promotes is that boys and girls have abilities and potentialities that can be used for their own benefit and that of the community in which they live. Additionally, Niño-a-Niño seeks to encourage the participation of parents and the rest of the community, thereby creating links between the school and the wider social environment.

Education in El Salvador

During El Salvador's civil war of the 1980s and early 1990s, education suffered terribly. In rural areas, many communities developed an informal schooling system for their children, employing untrained 'teachers' from within the community. In the years following the war, the Ministry of Education acknowledged the strengths of these schools, and developed a model for community-administered rural schools within the formal sector. This model, called EDUCO, now comprises around 20% of government schools.

EDUCO schools are characterized by active parental involvement and locally contracted teachers, providing a centre for community-based initiatives reaching beyond the school itself. However, the schools are poorly resourced and the quality of teaching leaves much scope for improvement. Teachers generally have had minimal education themselves and no vocational training. Students achieve below-average qualifications, and pupil retention is poor.

Despite EDUCO's achievements in recent years, the goal of *Education for All* remains out of reach. The Ministry of Education acknowledges fundamental problems in the basic education system: low coverage, poor attendance, and underachievement, and has identified the following root causes:

- An underdeveloped pre-school ECCD programme. In El Salvador, only 19% of children have access to ECCD programmes because there are

not enough programmes to meet the rapidly growing number of pre-school children. Insufficient exposure to good ECCD practices impedes a child's cognitive development, which leads to underachievement in school and early drop-out from the education system.

- Too many children do not attend the programmes that are available, or do not consistently attend because of poor health resulting from the high health risks associated with early childhood.

- The failure of government primary schools, particularly in rural areas, to apply best practice learning methodologies to improve academic standards and encourage school attendance.

We piloted the Niño-a-Niño approach to see how it could be used to address these problems.

CARE's principles

CARE abides by the following principles in its work with children and communities:

- Education entails a commitment from government but also from society. In this sense, the participation of both civil society and internationally-focused organizations in providing quality education, especially for the most marginalized groups and poor communities, is crucial.

- CARE's work in the area of education ought to be carried out in partnership with other national or community actors.

- There is a need to create and implement innovative methodologies that allow the active participation of children as the key educational effort.

Niño-a-Niño: An innovative methodology in El Salvador

The Niño-a-Niño methodology is innovative in El Salvador, as compared with the traditional educational system. The Ministry of Education, as part of the process of ongoing educational reform, facilitated the introduction and implementation of this methodology specifically because of the opportunities it would provide for innovation in pedagogic practice. The Niño-a-Niño methodology promotes the participation and interaction of children with each other, their community, the surrounding environment and directly and personally with the school curriculum.

The schools involved in the pilot project

The pilot experience of the year 2000 was carried out in partnership with other organizations interested in strengthening pre-school education through use of the Niño-a-Niño methodology as a strategy in schools. The partners included mayoralties, health units, health promoters and community-based organizations.

Two school centres of the San Martín Municipality (in San Salvador) and two in the Santa Elena Municipality (in Usulután) took part. CARE had already gained some influence in these schools through its involvement in earlier interventions. The school centres were El Mojón y Apansino in the Municipalities of San Martín and El Nanzal, and Chávez Sur in the Municipality of Santa Elena.

The baseline analysis

The results of CARE's baseline analysis showed the following:

- There is little sensitivity and knowledge of integrated child development.

- Little is known about the use of participative methodologies, especially in relation to creating an analytic attitude in learning, and developing abilities in children to learn and make decisions.

- Children below the age of six are not perceived as active subjects in the process of education, especially when they do not attend school.

- Parents hold some ideas about childhood development, especially with regard to health and nutrition.

From our baseline analysis exercises with students, parents and teachers, we identified a very narrow interpretation of ECCD priorities, limited to hygiene, prevention of disease, and accidents.

Also from the baseline analysis, we identified teachers' fear of taking on an 'additional burden' as a major threat to the pilot project's success. Consequently, we focused on developing materials (see section on 'adapting materials') that would complement the national curriculum, with which all teachers are familiar. In each module we presented factual information (there is very little on ECCD in the national curriculum), ideas and suggestions for each of the six steps in the Child-to-Child approach. A table showing which national curriculum objectives could be 'ticked off' by teaching a topic was also included. For example, the table below gives suggestions for curriculum objectives relating to various curriculum units, which can be achieved by using the Niño-a-Niño six-step approach to teach the topic of a clean and safe environment to grow in:

Science, Health and Environment	Social Studies
· Understand the functions of human biological systems · Contribute towards healthy lifestyles, physical and mental development through practices that prevent common diseases · Identify actions that prevent environmental contamination and its effect on living things · First aid for common accidents · Appreciate the interdependence of humans, animals and plants	· Recognize the school as a place of work and co- habitation · Develop attitudes of respect, cooperation and equal opportunities for all people without discrimination by age or gender · Take an active and responsible role in finding solutions for problems that affect the community and the country · Appreciate the need to use natural resources carefully

A Clean and Safe Environment to Grow In

Maths	Language	Art and Craft
· Interpret information presented in tables · Organize information using bar graphs · Orientation of the physical environment, community plan and location of the school · Recognize the importance of discovering data and processing information to make decisions · Identify objects and places in your surroundings, their size, weight and volume	· Clear and confident verbal expression · Describe primary and secondary characteristics of animals and objects · Plan and write different types of texts · Recognize grammatical constructions in different texts	· Develop skills in drawing, colouring, folding, making transparencies and cutting out the work · Make up and perform songs accompanied by musical instruments · Present simple dramatizations · Do an art project · Make puppets and use them in a puppet show

Finally, the baseline analysis conducted in each school identified key needs to be addressed through the Niño-a-Niño approach:

- **Absenteeism**
  Children often miss school in order to help out with agricultural work (especially during the coffee-picking season) or to take over domestic chores when other family members are busy or ill. Some children also reported that at times they don't go to school because they 'don't want to'. We aimed to promote practical activities outside the classroom that involved children not attending school. We also tried to sustain children's interest, and therefore attendance, by helping teachers develop a child-centred, project-style approach to teaching.

- **Involvement of parents**
  Clearly parents are a vital target population when trying to increase awareness of child development. The Ministry of Education project tried to reach parents through the 'Parent School', which meets once a month in the school building. However, the least attentive parents tended not to participate in the Parent School. Therefore, the Niño-a-Niño project attempted to reach parents through their children, e.g. by encouraging children to set good examples in the home.

Deciding on themes

It was difficult to decide on the six themes for materials development within our area of ECCD. Our intention was to develop materials on themes reflecting the communities' own perception of their needs, but we also hoped to broaden their understanding of ECCD to include the intellectual and emotional development of children, as well as their healthy growth. By designing our first module with a health focus, incorporating the identified priority areas of hygiene, safety and environment, we hoped to prepare the way for further modules that would explore a broader range of ECCD issues. Tentative titles/themes were:

- A clean and safe environment to grow in.
- My little brother learns to walk and play (physical development, safety).
- My little sister learns to talk (communication, self-expression).
- My little brother starts to laugh (feelings, self-esteem, human values).
- My little sister learns to read and count (learning skills and stimulation).
- See how children grow (development phases, nutrition).

The pilot project process

The tangible outcomes of the pilot project were validated materials and training methods that stimulated teachers and facilitated their motivation of students as promoters of good practices relating to healthy child development. Children in the third, fourth and fifth grades learned life skills and key messages related to child development. The skills and messages were then spread to the children's families and friends through shared activities, and by example. Teachers developed additional skills and greater confidence in guiding students to become more responsible, and involved and active in their learning.

Childhood development activities that functioned as pedagogic instruments for the implementation of the methodology were carried out. These included participative activities, fairytales, socio-dramas and environmental practical exercises. These activities were done in accordance with the Niño-a-Niño six-step approach.

Adapting materials to the rural reality

The materials development process borrowed from the Niño-a-Niño activity sheets and other Niño-a-Niño resource materials. It also borrowed from materials on ECCD, community-based health promotion and children's participation, developed by NGOs in El Salvador and the Latin American region. As part of the pilot project, the materials were continuously modified to ensure that they were effective, culturally appropriate and rooted in local needs.

We aimed to develop the methodology through the design and publication of six manuals that would be of didactic support in implementation in pre-school

education. Those manuals are: security and environment, self-esteem, psychomotricity, reading-writing, nutrition and communication.

For implementation it was necessary to design two new manuals that while keeping the Niño-a-Niño methodological focus could also incorporate the basic education (third to fifth grades) school curriculum and senior years (grades10 and 11) concept of the prevention of disasters. This second intervention was achieved thanks to the financial support of the Bill and Melinda Gates Foundation in 125 schools in 10 departments. 250 teachers and 50 pedagogic advisors were trained, thereby impacting 5,000 boys and girls, as well as 25,000 members of their families.

When we asked teachers for their opinions on the teaching materials currently distributed by the Ministry of Education, all commented that they were inappropriate for the reality that teachers face in rural El Salvador. We help teachers develop an activity-based approach to our topics that is appropriate for children's abilities and the resources available, but which also covers the objectives of the national curriculum. Through this training, we can help teachers transfer the action-based interpretation of materials to other areas of the curriculum.

Achievements

There have been a number of positive outcomes following the implementation of the Niño-a-Niño methodology over the past three years:

- Teachers are enthusiastically taking up the Niño-a-Niño methodology as a pedagogic working tool that provides them with new experiences, elaborated materials and the ability to train each other.

- Children are achieving better academic results since their understanding of subject-matter at school has increased, and because they are able to put this new knowledge into practice in their community.

- Parents increasingly participate in school activities, as well as in the management of the school through community associations organized by the Ministry of Education. Moreover, assistance to parents' schools has increased with the implementation of methodological participative resources.

- Through the pilot plan and the subsequent pilot project, CARE has been able to share a different conception of childhood with 250 teachers, 50 pedagogic advisors, 5,000 boys and girls and 25,000 of their family members.

During 2001-2002, due to the earthquakes that affected El Salvador, CARE El SALVADOR and the Ministry of Education decided to use the Niño-a-Niño methodology with a different theme – prevention of disasters in the school. Clearly there is a lot of work to do, but we have high hopes. We have received great support and enthusiasm from the Ministry of Education and

other NGOs who hope to integrate Niño-a-Niño into their projects in the future. Plans are already under way to expand the initiative.

Sources

Pullan S (2001) <u>Child-to-Child and Early Childhood Care and Development: A Pilot Project in El Salvador</u>. Child-to-Child Newsletter.

Fernandez M (2003) <u>The Niño-a-Niño Methodology in El Salvador</u>. CARE El Salvador.

CHILDREN IN CHARGE FOR CHANGE: CHETNA'S COLLABORATIVE WORK IN NORTHERN GUJARAT

Prepared by Sonal D Zaveri, Child-to-Child International Adviser

CHETNA

CHETNA means 'awareness' in several Indian languages and is an acronym for Centre for Health Education, Training and Nutrition Awareness. Established in 1980, its mission is to empower disadvantaged women, adolescents and children to gain control over their own, their families' and communities' health using a rights-based approach. CHETNA works specifically in the western states in India, often in rural and tribal areas. However, it also has a national and South Asian presence. CHETNA is primarily a support organization for capacity-building, documentation and technical resources.

The beginning …

It all started in the 1980s when CHETNA received the 'green book' – the first publication of the Child-to-Child Trust. It sparked CHETNA's interest. The material was relevant to the staff training they were doing at that time for the Integrated Child Development Services (ICDS). CHETNA located and translated the Child-to-Child activity sheets into two Indian languages – Gujarati and Hindi.

Opportunity knocked at CHETNA's door in 1985 when the Aga Khan Foundation and UNICEF supported the organization of a national workshop for NGOs on Child-to-Child. The workshop was a milestone in establishing CHETNA's commitment to Child-to-Child and there was no looking back. A number of NGOs were supported to initiate Child-to-Child, 35 activity sheets were translated and new activity sheets were developed on clean drinking water and child development (later included in the international package of available Child-to-Child activity sheets).

In the 1990's, its expertise spread beyond the borders of India – to Nepal, Kenya and Bangladesh. Over the years, CHETNA has actively supported the Child-to-Child approach in ECCD programmes of the Aga Khan Foundation, tribal schools, government schools, academic institutions and NGOs. CHETNA also integrates the Child-to-Child approach in programmes involving school health, life skills, HIV/AIDS and others.

CHETNA created the Child Resource Centre (known as Cheitan) in 1991, dedicated to working with and for children. Its vision is of healthy and happy children who are empowered to participate in the process of development. It supports government organizations, NGOs and other partners in strengthening their capacities to implement and manage effective health education and development programmes for children, their families and communities. In 1992, CHETNA also initiated Chaitanyaa, a centre dedicated to working with women.

Two other centres, the training centre and the documentation centre, are also a part of the CHETNA family. They support the capacity building and information needs of those working with children, and women's health and development issues. The documentation centre has translated the Child-to-Child resource books into various Indian languages and developed a number of in-house Child-to-Child materials based on CHETNA's two decades of field experience.

The disaster

26 January 2001 was a national holiday. India's children were commemorating Republic Day, 26 January 1948, the day free India introduced its constitution. In countless schools, villages and towns across India children saluted the national flag, held rallies and organized parades and celebrations in their communities. When the earthquake struck Kutch in northern Gujarat, Western India, at nine in the morning, it brought in its wake an awesome destruction not seen before. One of the two most deadly earthquakes ever to strike India, it left in its wake over 50,000 dead and about 800,000 injured. Entire villages became a sea of rubble. There was no landmark left. An ancient river emerged in the deserts of Kutch, disappearing a few days later.

Kutch has seen many natural disasters: drought, floods, even earthquakes, but this time mother nature was in full fury and no one was prepared. Even worse, because the time of the earthquake coincided with the celebrations of Republic Day, children rather than adults were the worst affected. In one town, children were parading through the street when the earthquake struck, collapsing an entire row of buildings and crushing the children to death. The people of Kutch are known as a hardy people but the devastation and death of its children created a tremendous sense of grief.

It was only fitting that children be part of the reconstruction of Kutch, not only to rebuild services for children with bricks and mortar, but also to rebuild lives, particularly those of young children.

Rapar and village health and education

Of the many districts of Kutch affected by the earthquake, Rapar, which was close to the epicentre of the quake, faced the worst devastation. Also known as 'Waghar', which literally means windy, rocky land, Rapar is arid, drought-prone and the most remote sub-district of Kutch. It is the most underdeveloped area in the state of Gujarat, one of the richest states in India, renowned for its enterpreneurship and industrial development.

Villages in India are governed by elected local self-government bodies known as *panchayat*. The *panchayat* and its committees oversee the development of the village. A revolutionary idea, the *panchayat* allows the entire village to participate through its village council or gram sabha.

> **Rapar: A poor development record**
> Among the estimated population of 180,000, over 25% belong to tribal communities and communities with low economic backgrounds, and have an overall literacy rate of just over 30%. Girls' education is considered unimportant – only 2% are literate. About 10% of babies die before the age of five and about 90% of under-fives, adolescent girls and women suffer from malnutrition and anaemia partly because of poverty and partly because of gender bias.

Health services are provided in the villages by the health department, through the primary health centre and its sub-centres. A cluster of villages is served by a primary health centre (PHC) staffed by a doctor, an auxiliary nurse and other personnel. The PHCs provide affordable medical services and promote preventive health practices in the neighbouring villages. They are linked to the tertiary system of district hospitals for referral. In reality, the PHCs remain understaffed and are plagued by shortages of medicine and diagnostic equipment, resulting in poor quality services.

The Integrated Child Development Services (ICDS) scheme of the government of India, implemented through the education department, provides services for the under-sixes, lactating mothers and adolescent girls. Cross-sectoral collaboration between the ICDS and PHCs is rare as both departments – education and health – traditionally implement vertical programmes. All villages have primary schools and some have secondary schools that are managed by the government.

ICDS is one of the most comprehensive schemes for young children. It aims to enhance child survival rates, improve the nutritional status of children and women/mothers, and provide learning opportunities to pre-school children through child centres known as *anganwadi* centres. Though ambitious in conception, in practice ICDS has struggled with many implementation difficulties. The poor quality and coverage of the centres exists in part because of the lack of awareness, demand and involvement of the community. The childcare worker (known as the *anganwadi* worker) is isolated, has received little initial training, practically no ongoing training and is often not motivated to work with young children and mothers.

Panchayat, PHCs and ICDS provide a network of services at village level, in addition to various government schemes promoted through women's, youth and community groups. When the earthquake struck, it damaged the infrastructure and brought the provision of these services to a standstill. Any attempt at restoration of services required infrastructure development and provided a natural opportunity for strengthening the quality and coordination of available services in health and education.

ICDS and the early childhood care and development (ECCD) programmes in Rapar were viewed as the focal point for mobilization of children and communities for better health and education. Child resource centres were initiated and provided a platform for older children to formally link with the ECCD programme, school and community. This in turn has enabled the development of action plans and allowed participation in awareness-creating around broad health, education and gender issues. It also strengthened the quality of, and access to, these services. Empowering children, creating awareness on children's rights and providing an enabling environment were important steps in the process.

> 'We believe in children's potential and advocate for children's participation in matters which affect their lives … Community mobilization is crucial, for ICDS and children, being the other half of the community, have every right to claim their stake in the scheme, not only as passive beneficiaries but also actively engaging themselves in activities aimed to improve the *anganwadi* services, including management decisions.'
> Dr Santa Tamang, Save the Children UK, Rapar

CHETNA's ECCD partnerships

The Rapar ECCD programme was built on partnerships and collective ownership. In addition to CHETNA, it included an international organization, Save the Children (SC) UK, and local Kutch community-based organizations. Each of these partner organizations strategized and worked together to initiate, develop and strengthen children's participation in the ECCD programme. In ECCD planning, SC UK provided the resources, CHETNA the technical inputs and three local Kutch organizations – Gram Swaraj Sangh, Yuva and Samerth – the field-level planning.

SC UK
SC UK, an international child rights-based organization, has a presence in India through its country office. It started working in Kutch immediately after the earthquake providing emergency relief work in Rapar, the worst affected district of Kutch. Invited by the government to work on recovery, rehabilitation and development, especially for women and children, it focused on three main areas:

- The reconstruction and equipping of 16 government primary health care facilities and 115 ICDS centres in remote villages of Rapar.

- The revitalization and strengthening of ICDS through training of functionaries, community mobilization and through implementation of Child-to-Child, all to enhance children's capacities for promoting health and nutrition of other children and communities in Rapar.

- Help communities to meet the special needs of rural children, children with disabilities and those in need of protection.

74

SC UK used the opportunity of developing infrastructure for primary health centres and ICDS to bring lasting improvement in services for children. This was achieved through various means, e.g. building the capacities of health workers and teachers in the ICDS centres, as well as by promoting child rights and the Child-to-Child approach.

Gram Swaraj Sangh
Gram Swaraj Sangh (GSS) was the major partner of SC UK and CHETNA in the Rapar area of Kutch. Established in 1978, it aimed for the overall development of the region of Kutch, particularly the villages around Rapar and Bachau. It believes in *lok jagruti* and *lok shakti*, which can be translated as people's awareness and empowerment. A secular organization espousing the Gandhian philosophy of truth, non-violence, religious tolerance and peace, it promotes a comprehensive model of development. GSS works in education, primary health care, environmental protection, shelter, water management, livelihood, child development and protection. Around 800 children from marginalized, tribal communities are enrolled in its ashram schools (following the Gandhian philosophy of education), with about 200 residing in hostels. It also runs a pre-school centre in Rapar town. Activity centres, where children do not have access to schooling, are run in 10 remote villages. After the earthquake, it became the focal point for relief and rehabilitation in Rapar.

In ECCD implementation, the same spirit of partnership and local ownership was present through the involvement of village level educators, health and community bodies, and through creation of mechanisms for networking.

Child-to-Child in Rapar

Children were placed at the heart of these new partnerships by creating child resource centres (CRC) and involving them actively in the restoration of ICDS. Opportunities were also created for the training of *anganwadi* workers and the involvement of the community in improving ICDS functioning. The earthquake had destroyed ICDS centres and there was an urgent need to restore them to prevent worsening malnutrition of young children. Community mobilization was a key factor in ensuring utilization of services. The older children of Rapar deliberately focused on ICDS to promote the health and happiness of the young ones.

The core objective of the Child-to-Child project was to enable children to identify issues and implement actions for promoting awareness and practices related to the health and nutrition of children and women in the communities. Key activities included supporting children to form groups in schools, training children, provision of resource materials, and supporting children in implementation of action around identified issues.

Child-to-Child group leader's home. Photo: Sonal Zaveri

Children developed CRCs in schools and community centres. These were managed by children with the help of a support teacher. The CRC however, was not part of the school system, nor did it follow any school topics. Introduction of the CRC enabled the systematic implementation of the Child-to-Child approach in community health and ECCD.

Long-term Child-to-Child support for the three local organizations, schools and CRCs in Rapar was provided by CHETNA, in the areas of capacity building, monitoring and follow-up.

The Child-to-Child project in Rapar was implemented in 10 villages, many of which were tribal. The project design was developed after extensive consultation with 12 to 18-year-old children residing in these villages.

Creating an enabling environment

A timetable of activities: 2002

February	Identification of villages for Child-to-Child.
April	Master training workshop for 38 participants, including children, NGOs and teachers.
May	Master trainers, including children training others in the community with support from CHETNA.
June	Follow-up by CHETNA and identification of further training needs.
July	Child-to-Child implementation in schools and community. ICDS survey and needs assessment of under-fives by children.
August	Refresher course for partner NGOs/children. Planning CRCs.

The Child-to-Child programme took root in the closely-knit villages through sensitizing adults to the needs and rights of children.

Training adult functionaries

To strengthen the capacities of ICDS and PHC workers, a series of trainings was conducted by CHETNA: 217 *anganwadi* workers and health workers were trained, including a cadre of 32 trainers over a period of four months in 2002. For some of the *anganwadi* workers this was the first training they had attended. The educational background varied from fourth standard to graduation. The *anganwadi* workers were introduced to a number of participatory and active learning methods. Health workers were trained alongside *anganwadi* workers to ensure coordination between the health and education sectors in working with children. In addition, *panchayat* members, women's groups and community organizations were trained in community mobilization for health, supporting ICDS and encouraging children's participation.

Sensitizing schools

Support from the education department, and specifically from principals of schools in selected villages, was important for implementation of Child-to-Child activities. Children and teachers had to be released for training. Additionally, many of the CRCs, although functioning after school hours, were housed in schools. The support teacher for the CRC was usually a teacher from the same school and permission for his or her involvement was required from the principal.

Any apprehension on the part of school principals and teachers was allayed. Some teachers/principals felt that by learning about child rights, the children would become headstrong. The need for support and facilitation of children by adults was emphasized at various meetings.

Coordination meetings

Health and education sectors traditionally do not collaborate. To bridge this divide, village coordination meetings were held at the PHC and were attended by the *anganwadi* workers, *panchayat* members and local community groups. NGOs, such as GSS, also attended the meetings, demonstrating how partnerships could be translated into working relationships. This interaction across sectors created a deeper understanding and sensitivity towards the children and women they served.

Training of Child-to-Child children

CHETNA organized a series of trainings and follow-up meetings to support the Child-to-Child programme in Rapar. The aim of the workshops was to introduce Child-to-Child methodology and approaches, so that on their return to the villages, children could initiate Child-to-Child activities. The involvement of adults during the training was to ensure that children had an enabling environment in which they could work. Consequently, adults would take on a facilitating role rather than a directive one. These workshops were specially designed by CHETNA to ensure that children participated and made decisions regarding the planning and implementation of the Child-to-Child programme.

> Children were assisted in making action plans for the community and ICDS centres through facilitation of the support teacher. The children identified three health priorities in their areas – malaria, immunization and sanitation. At the workshop, they also made action plans for their Child-to-Child groups:
> * Training other children in their schools in Child-to-Child.
> * Developing a central resource centre in Rapar with satellite resource centres in other programme villages.
> * Organizing village cleanliness drives and awareness rallies.
> * Health and nutrition awareness in the village and schools.

Children and adults were introduced to the Child-to-Child six steps and active learning methodologies, including indigenous adaptations such as *balmela* or children's fairs, which are part of the social culture and which CHETNA has developed as an effective strategy for health promotion. CHETNA provided a Child-to-Child kit to all children which included activity sheets, skits, songs and posters.

Establishing resource centres

Children were assisted in establishing the CRCs which were located either in the school premises or near the ICDS centres. Each CRC adopted a name, such as *Chirag* (Lamp), *Azad* (Freedom), to establish its identity. Membership of the CRC was voluntary, but generally included about 30 to 40 children aged 12 years or older. Committees and rules were formulated and committees rotated regularly so as to increase the participation of all children.

Azad Child-to-Child group's management committee
Leader
Vice leader
Library in charge
Puzzles in charge
Carrom[3] in charge
Cleanliness officer
Materials officer
CRC support teachers

Most CRCs hold fortnightly meetings for management of the programme. Children discuss a whole range of issues, e.g. what health topics need to be taken up, what to do about torn books and lost carrom pieces, and communication to younger brothers and sisters about eating healthy food, etc.

Rapar: At a CHETNA CRC meeting. Photo: Sonal Zaveri

Provision of resources
All CRCs were provided with resources by SC UK, including games, educational materials, library and stationery. Many schools have materials meant for children, but they are kept under lock-and-key in the principal's office because of fear of breakage! The CRC was not only well equipped but children were able to take care of and use the play and reading material available. The CRCs were generally open for a few hours after school and on holidays. On important festival days, the CRC was open for longer and the children joined in the festivities through skits, posters, song and dance.

---

[3] Carrom is a board game widely played in the Indian subcontinent and other countries where South Asians have migrated.

Use of an active learning methodology
Street plays, posters, rallies, walk-abouts, song, dance, wall writing, quiz and other methods were used by children. In schools, they had poster presentations on disease, nutrition and tree planting to raise awareness among the other children in the school. Children also addressed forums (called people's conference - *Lok Abhiyan),* village level committees and children's fairs, advocating for change in the ICDS and communities.

Each child was given a target for spreading health and other messages to two other children and their mothers. Girls had to reach five members of the women's groups.

Child-to-Child approach: linking ECCD with the community

Identifying priorities (through situational assessment)
The Child-to-Child groups carried out a survey to find out how many children attended the ICDS centres and if not, why not. The children were surprised to find that many did not attend and thought of ways to encourage young children to do so.

'Some members of our group visited the *anganwadi* centre and noticed that children do not go there, especially those from the vadi vistar (a particular area in the village). All of us in the Child-to-Child group agreed to try and bring at least one child to the *anganwadi* centre and meet the parents so that they understand the benefits of sending the children.'
Child-to-Child group, Ramvav village

Children also surveyed the immunization status of children and provided information to the teachers, *panchayat* and the PHC for follow-up. They also participated in immunization campaigns, going from house to house, ensuring that all the under-fives came for immunization.

Children, having learned how important birth certificates are, conducted a survey to find out how many families had birth certificates for young children. In one village, children were able to convince 50% of families to apply for a birth certificate.

Raising community awareness
The handing over and inauguration of new health or ICDS centres in the Child-to-Child villages provided a natural opportunity to sensitize the community regarding Child-to-Child. Skits, role-play and songs provided messages to community members on how important ECCD is, and the need to free older girls from child minding, so that both the younger and the older child can receive an education. Instead of speeches from local officials during the inauguration, children performed skits, role-plays, sang and danced about various community needs. Such events have raised the profile of children, and created awareness about the need to access ICDS services. In the village of Khengarpar, Child-to-Child children volunteered to go to the

neighbouring village and educate the community there through skits and traditional song regarding the need for immunization and ECCD.

At the ICDS centre
Children from some CRCs help the ICDS centre by spending a half day every week with the pre-school children, creating new play materials to break the monotony of playing with older ones. In one of the villages, CRC children organized a children's fair. Children inform NGO representatives if a child is not attending or attends irregularly. Children have also forged links with the mothers of young children, escorting them to the PHC in case of diarrhoea, or for immunizations, etc. At the centre, older children check the nails and cleanliness of the younger ones, sometimes escorting them home and teaching them to throw garbage in pits located away from the dwelling areas.

Older children from the CRC help the *anganwadi* worker to plan health days and other events, thus assisting and motivating them to work with the under-fives. In one village, children from the CRC take turns to find out if the *anganwadi* worker has come in time and is conducting classes!

Child-to-Child and communities: mobilization and children's participation

Children's summit
A children's summit on 26 March 2002 was the first of its kind in Rapar. It was managed by children themselves. The objective of the summit echoed the principles of Child-to-Child – respect for children's rights. Even the management committee consisted of more children than adults and children made all arrangements for water, parking, organization of the programme, invitation of participants, issuing identity cards and photo arrangements. Seeing the enthusiasm of the children, community members and local government bodies also provided assistance. Each of the eight ICDS children's groups presented their work to an audience that consisted of other children, NGOs, government officials and prominent leaders of the community. Children worked in groups to discuss 'what their needs were, what problems they faced, what they wanted from society and from the Child-to-Child programme.' The deliberations were recorded as a declaration of rights for every child – the right to love, care, nutrition, health, freedom, entertainment and awareness. What was unusual was that girls came forward to take the lead. A central managing committee for Rapar was formed which included the leaders and deputy leaders from the different CRCs. A six-month action plan was presented.

Action plan guidelines for Child-to-Child groups developed at the Children's Summit
- Define what the Child-to-Child group children must know and do.
- Enrol at least 40 children in the Child-to-Child group (the number required to influence behaviours of other children and the school towards better health).
- Spread messages to other children in the school.
- Each Child-to-Child child must communicate knowledge to their own family regarding health and nutrition, this being the easiest, best and cheapest method to raise awareness.
- Each Child-to-Child child must communicate with his or her younger brothers and sisters and peers about what has been learned.

Mobilizing resources
In some villages, children have taken an active role in resource mobilization and have introduced community banking. The funds collected are used for assisting children in need or for their education, for programmes and for the CRC. Children learn to keep accounts and a cashier and vice-cashier are appointed. Decisions to spend money are made jointly and involve the support teacher.

The Fategarh village CRC has been exceptionally successful in starting a children's bank which has been named 'Bank of Waghar'. At *Diwali* (the festival of lights), children burst firecrackers. CRC members decided that they would only burn cheap fifty rupee firecrackers and donate the amount saved to their bank account. Children would not spend money given to them by their parents on eatables or for their birthdays. Sometimes even small amounts of five rupees per child were deposited. Within a few months, the children were managing the large amount of 27,000 rupees!

Community campaigns
Children have raised awareness of maintaining cleanliness in the communities by organizing village cleanliness campaigns. Other rallies by children have been held for pulse polio, a government sponsored scheme for 100% immunization coverage.

Addressing health needs of children
One of the most prevalent problems among children is their addiction to a form of tobacco called *gutka.* It was originally marketed as a mouth freshener to children. However, it contains harmful carcinogenic substances. Younger and younger children, many below six years, are already addicted to it. *Gutka* addiction is very high in villages. In the Child-to-Child villages, awareness campaigns have been conducted through village rallies, poster presentations in schools, discussion with peers and providing messages at home.

In schools
A Child-to-Child week is celebrated in schools. Children display posters and talk to visitors about health, hygiene and nutrition. Events such as tree plantation, rallies in the community and quiz programmes encourage the participation of children, schools, parents and communities. Because of the shortage of water, children pair up for tree planting – one plants and the other takes responsibility for watering.

Monitoring

Financial and narrative reports are produced every three months, and regular review meetings with field personnel and children's committees take place.

The local community-based organizations visit each Child-to-Child school and CRC once a week and formal committee meetings with the children and the support teacher are held once every 15 days. These provide an opportunity to discuss immediate problems.

The community-based organizations or local NGOs also participate in the coordination meetings of the PHC, ICDS, *panchayat* and women's groups. Plans to involve the CRC (and therefore children) at these meetings have yet to be realized.

Challenges

- The earthquake brought considerable international assistance to Rapar, but although a number of mechanisms were established at local level, international assistance was afterwards withdrawn leaving fewer resources behind. The strides made in children's empowerment and participation in a very short time would be difficult to sustain if support of both a financial and capacity building nature is not continued. A phased withdrawal and sustainability plan would ensure that the seeds of Child-to-Child continue to bear fruit for a long time to come.

- The Child-to-Child programme is dependent on the facilitation of adults. However, change in adults' attitudes has been slow especially because, as children, they never had the opportunity of being involved in decision making and therefore find it difficult to accept a facilitative versus directive role.

- Teachers have not always cooperated in the programme, as they feel that it is not 'education' and will interfere with completion of the prescribed syllabus. In some villages, the Child-to-Child programme had to be shifted to a primary or secondary school, depending on the interest shown by individual teachers. Because the Child-to-Child programme is strictly speaking not part of the syllabus the decision to participate is at the discretion of the teachers. Clearly, the facilitation of the support teacher is critical for children's participation in the Child-to-Child programme.

- Involving girls in the Child-to-Child programme has been a challenge, but where support teachers are female, the response has been better. Most programmes, however, have a ratio of 4:1 in favour of boys.

- Adequate representation of tribal children in the CRC has yet to be achieved.

- A material development fair was planned in the previous year but plans changed when SC UK withdrew from the earthquake region. The need for low-cost teaching and learning materials in ICDS centres is urgent.

Achievements

Although the programme is less than two years old, Child-to-Child has influenced children, schools, communities and families in many ways:

- The large-scale and comprehensive training of *anganwadi* workers, health workers and community representatives has resulted in a better understanding of the vital role they play and the need to strengthen services for women and children. The joint strategy of planning and follow-up has been very useful. In villages where the community was supportive the children have been able to carry out many Child-to-Child activities.

> 'After the children visited the ICDS centre, we have come to understand the importance of the *anganwadi* worker and building relationships with younger children.'
> High school principal, Bhimasar
>
> 'We have understood that the *anganwadi* is the foundation for children before they go to school, and we will ensure that children in the village go to it. We will be playing with the children there.'
> Child-to-Child group, Nilpar

- Children from the Child-to-Child groups have begun working with the ECCD/ICDS centres. In some of the villages they have been able to bring about some change in the perception of need for ICDS, better access and better quality of service.

- The Child-to-Child groups participated in the summit and in many community activities that promoted health and child rights. There was an increase in self-confidence, changes in knowledge and in their interaction with community members.

- The CRC provides resources for reading and playing and a comfortable place to do so. Younger children come with their brothers and sisters and use the play materials available, learn new skills and have access to reading materials – all of which are unavailable in their homes.

- The CRC provides an acceptable place for girls to go after school and parents are willing to send them there. Girls are able to spend their time in doing what interests them instead of being pulled into household chores.

- By learning how to manage the CRC, children have learned about democratic ways of functioning, e.g. the role of office bearers, how to keep records of meetings, and the need to rotate responsibilities so that all children get an opportunity to develop skills. They have also learned how to take responsibility within the different committees they participate in. The children are able to perceive the patriarchal and feudalistic ways of leadership that still prevail in the villages and can challenge these norms in the CRC.

- Children have learned to form and follow rules. Many CRC have rules, such as 'do not break articles', 'put things back in their place' and 'allow a quiet reading place in the centre'. If books are not returned in time, the names are displayed on the notice board. Younger children accompany their older siblings and naturally learn from them.

- Because the children of the Child-to-Child group are 'smarter and more confident', they are selected to represent the school for different competitions and events.

- The Child-to-Child groups have created awareness about various diseases especially polio, malaria, and scabies and have addressed some of the health issues in the community.

- One of the prevailing problems in the community has been discrimination against girls. Most girls do not pursue education after standard VII, having to stay home to look after the younger children. Older children have been discussing in their families and at community events the point that sending younger children to the ICDS centres allows older girls to continue schooling.

> 'Child-to-Child has been very helpful. We learned about child rights. Our confidence has increased.'
>
> 'Our knowledge about health and nutrition has increased. We prepare role-plays on spreading awareness about various diseases and their prevention.'
> Child-to-Child group, 'Parivartan' (change), Bhimasar village

- Community awareness of the needs of under-fives for play and stimulation in relation to learning has increased. Likewise, the link between ECCD and better performance in primary school is better understood by parents. The active participation of Child-to-Child groups provides a live and 'visible' example of what children are able to do and the role of ECCD in that process.

- There has been a change in the utilization of services. Earlier, the distance to the PHC was the determining factor for usage, whereas now it is the need for health services. Coordination meetings between, on the one hand, the PHC and ICDS have resulted in visits by PHC staff to ICDS centres, and on the other, recommendations of ICDS staff to parents to utilize PHC services. Additionally, parents are seeking treatment earlier than before.

- Other changes in the community relate to tree planting and better cleanliness. In one village, children pressurized the *panchayat* to clear stagnant water, so as to prevent the breeding of mosquitoes and spread of malaria.

- Some CRC have also started addressing social health issues such as superstition, child marriages and cooperation across the religious divide (Muslim and Hindu) and across castes. Another issue addressed was 'save water' (by using pails).

- Children from the Child-to-Child villages also visit non-Child-to-Child villages to create awareness of the programme and ECCD. Many of these villages have been sensitized to strengthening ECCD programmes because they have observed the self-confidence of the children from the Child-to-Child villages.

> 'We learned about tobacco addiction and *gutka*, organized a rally against them and got them banned in the village.'
> Child-to-Child group, Bhimasar village
>
> 'The Child-to-Child children initiated a cleanliness drive in the village and since then the villagers have realized the advantage. Most of the time the roads and lanes are found clean.'
> High school principal, Bhimasar village
>
> 'We went from house to house to talk about scabies – this is very common among younger children.'
> A Child-to-Child child from Ramvav village

- Mothers report that there has been a change in older children looking after younger children, in playing with them and taking them to the CRC. In terms of cleanliness, the children bathed only when punished by the teacher. Now it is a daily routine. Earlier, children would not brush their teeth before having morning tea, but this is no longer a problem. The children also talk of different things – not just about play, but about community activities, Child-to-Child and their work in school.

- Interaction and communication between teachers and children has increased. Children are articulate and more confident in voicing their concerns and thoughts, something unheard of in these strictly didactic schools.

- Attendance has improved in ECCD and schools, children and parents are eager to use the new facilities provided.

- Cleanliness within the school, tree planting and avoiding roadside food during the recess are some of the changes observed in children. In fact, children saved money by not buying food from roadside hawkers and were able to fund a trip to other villages!

CHILDREN DRIVING CHANGE: CHILDREN'S PARTICIPATION IN PLAN'S EARLY CHILD DEVELOPMENT PROGRAMME IN BANGLADESH

Aftab E A Opel, Research and Documentation Specialist, Plan Bangladesh and Mahmuda Akhter, ECCD Specialist, Plan Bangladesh

Introduction

This case study describes how children's participation in a community-based early childhood development (ECD) programme is achieved. It also describes how the programme is institutionalized. The study highlights the specific needs of younger children and shows how Child-to-Child can contribute to meeting these needs. Analysis and reflection on the effectiveness of the actual Child-to-Child strategies used are also presented. The study is less concerned with outcomes; rather, the process of implementing a programme in which children are major stakeholders is stressed.

How the importance of ECD is overlooked

Bangladesh, with nearly 130 million people, is one of the most densely populated countries in the world. More than 80% of the population live in rural areas. In recent years, the country has made significant progress in improving key social indicators. However, the situation of children remains dismal. The country ranks only 58th when the under-five mortality rate (77%) is considered. The percentage of infants with low birth weight is around 50, while only 40% of children are exclusively breastfed.

Recent reports on primary education in Bangladesh show some progress towards achieving the Education for All goals: almost 80% of boys and girls are attending primary school, and a significant percentage (75.7%) of these reach the fifth grade (Education Watch 2001). Despite this, less than 2% are able to demonstrate the required competencies at the end of fifth grade (Education Watch 2000). Increasing school efficacy and other child and educational inputs are necessary if such a state is to be overcome. The kind of care required to prepare children mentally, physically, and socially for learning at school is not available from any institutional source. There is widespread ignorance regarding the need for, and importance of, ECD.

Both government and non-governmental organizations (NGOs) have increasingly expressed a desire for the introduction of ECD programmes. However, the government has not framed any policy for the provision of ECD care, despite the draft National Plan of Action's (2002) identification of early childhood education as a priority area. A recent survey showed that only 22% of NGOs surveyed had pre-school programmes. These NGOs had 38,000 children enrolled (BEPS 2002). The impact of such NGO programmes in ECD is yet to be studied in a systematic way.

Plan Bangladesh's ECD programme

Plan Bangladesh has developed an innovative model for early childhood interventions that tackles the problem of early childhood development in Bangladesh (Plan Bangladesh 2003). The model combines the development of community capacity with promotion of parenting skills and child learning centres. In this way, communities, parents, and children are supported. Plan Bangladesh has a series of programmes designed to support children from birth to adulthood. Currently, there are 30,375 children involved in 870 centres (Plan Bangladesh 2003).

The first intervention in the ECD programme aims to improve mothers' knowledge of child development and appropriate parenting practices in relation to children aged 0 to three years. Led by a trained mother volunteer from the community, mothers meet at one of their homes in groups of 20-30 to discuss topics such as play, stimulation, nutrition, and child rights. The second intervention includes activities for three-to-five-year-old children in a caregiver's home. For two hours each day, five days a week, children in groups of eight to 15, led by a rotating group of trained mother volunteers, learn concepts through play and listening to stories.

The third intervention, for children aged five to six years, focuses on school readiness skills. Children meet in groups of 25 to 30 to engage in play and curricular activities, such as learning letters and numbers. The activities are led by a teacher and four rotating volunteer mothers. An all-day, urban version of these interventions, for children aged six months to six years, is available for working mothers in the Dhaka slums.

The objectives of all interventions include the physical, intellectual, social, and emotional development of the child, as well as developing in them a positive attitude toward learning and schooling. The interventions also seek to enhance parents' understanding of child development, the demands of schooling and child-rearing practices. A final objective is to promote sustainability of the interventions in community settings, through capacity building for organizations and individual volunteer mothers.

Child-centered community development

Plan Bangladesh follows a child-centred community development approach (CCCD) in its programme implementation. It is based on the premise that poor children and their families have the right and inherent capacity to effectively participate in, and benefit from, society. Implementing the ECD programme while utilizing the CCCD approach ensures full participation of children and adolescents in different stages of the programme process. Children's full participation is also envisaged in the Child-to-Child approach and indeed CCCD and Child-to-Child share a close relationship in terms of their attitude to the participation of children.

Children engaging in early learning activity. Photo: Plan Bangladesh

Ideally, CCCD guarantees that children, their families and their communities become the owners of the development processes that affect them. It also ensures that parents and their children develop the ability to work together on the issues that prevent children from realizing their full potential. As far as possible, children manage their own work, with the additional support of adults where this proves necessary.

Plan's role is to create opportunities for the poor so as to enable them to act effectively on issues that concern them. In so doing, one aim is to influence reform in the relationship between the poor, elites and institutions. CCCD supports the strengthening of poor people's capacity for human and social development, especially in relation to children.

Immersion and reflection are the two key elements of CCCD. This is clear in the participatory work process cycle shown in the diagram on the next page. This contains the usual phases of project management: from preparation to evaluation (Plan Bangladesh 2002). The phases usually follow a sequential order, although there is flexibility. Through this process, children develop skills and prepare for future participation in social and political processes.

The diagram shows a cyclic process with the following stages arranged in a circle:
Preparation → Situation Assessment → Planning → Resource mobilization → Implementation & monitoring → Evaluation → (back to Preparation), with "Immersion & reflection" in the center.
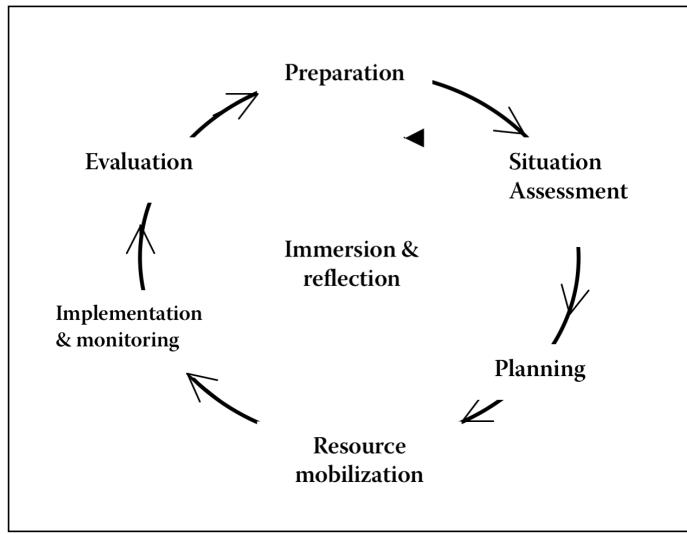
Child-driven community development

As stated earlier, Plan's CCCD approach, through which the implementation of a comprehensive programme on early childhood care and development (ECCD) is carried out, shares a close relationship with the Child-to-Child approach, both conceptually and operationally. The steps followed in the CCCD approach in programme implementation are quite similar to the Child-to-Child approach.

Let us now see how the ECCD programme is implemented in a community, using the CCCD approach. It may be worth mentioning that the CCCD process is not initiated in a community with a predetermined agenda in mind; rather, through the process, demand for a particular intervention is generated by a community.

Immersion
Immersion is primarily a process of building relationships and mutual learning between Plan community organizers, children, their families and the wider community. The resulting relationships are based on mutual trust and respect. The immersion process prompts younger children and adolescents to highlight different aspects of their community in a non-biased or impartial way. The priorities children usually identify suggest actions that lead to social (child rights issues, etc.) and economic development (poverty alleviation). The immersion process gives an external facilitator a clear understanding about the community. Simultaneously, it also allows the members of a community to understand the dynamics of their own community in a more comprehensive way through the eyes of the children.

Situation assessment
This is the second step of the process. It generates in-depth information, promotes collective analysis and creates strategic choices that contribute to programme design. In so doing, it also supports collective action and links the community with external sources of support. Although in practice adolescent boys and girls lead the process since they are more exposed to information about their community and neighbourhoods, children of all ages participate according to their capacity to do so.

It is not, however, the children and adolescents who identify the importance of initiating a particular ECD intervention in a particular community. Instead, children and adolescents identify a general situation which leads Plan and the community to facilitate the initiation of an ECD programme. For example, children and adolescents in many communities usually highlight the problem of young children of non-school-going age having nothing to do in the home. They may initially go to school with their elder brother or sister, but teachers do not allow them in the classroom since they are thought to be too young to follow a class. As a result, many young children lose interest in going to school when they are of an age to do so.

Early learning activity. Photo: Plan Bangladesh

In the initial school class, teachers expect that children will come with some competencies, but in actuality that is not the case. Most poor parents are not literate enough to pass on this skill to their children before they are first sent to school. This creates difficulties for teacher management, as those students who lack elementary literacy find it difficult to follow a class.

The above or similar situations lead to the next phase of the facilitation process: formation of a pre-school to address the problems of children of a particular age cohort. The initiation of other ECD interventions (parenting or

child growth centre) also happens in a similar way. It is important to note that although Plan staff have a role in the process, its design ensures that children are the driving force. They identify action for the benefit of the community, in this case, pre-school children.

Community planning
This is the crucial phase of the CCCD process, in which the community decides what actions need to be taken to address a particular issue or problem. Adults have an important role in this phase, but the analysis of children and adolescents provides new insights into programme interventions. The respective roles of the community and Plan are identified.

If an issue related to ECD emerges in the joint meeting, discussions are held to identify the specific ways Plan may support the intervention. The areas in which the community may mobilize resources to support the intervention are also discussed. An implementation committee is formed to organize action. The committees contain a majority of children and adolescents as members.

Resource mobilization
This involves organization of human, material and financial resources for the community's collective action. In situations where the immersion process generates demand for an ECD intervention, the resources needed include a venue (a terrace, a courtyard or a small room), which can be used free-of-charge; and volunteers who are willing to spend time undertaking training sessions and refreshers, and who are willing to take responsibility for running a particular intervention. Other resources include raw materials to develop different ECD items for the centres. Amongst the volunteers attached to centres, no honorarium is paid for their engagement and contribution.

The implementation committee dominated by adolescent boys and girls plays a vital role in mobilizing community resources for the intervention. Children and adolescents are encouraged to convince their mothers or other capable family members to work for a centre, or to provide a space in their house for a centre used for the benefit of children in the entire neighbourhood. As one volunteer who provides space for a centre put it:

> I am happy that my small terrace has been selected as an early learning centre by the community as this will help my child. I also now believe that it is my duty to do something for my community. My capacity to do this is also strengthened by training and refresher courses from Plan that help me put into practice what I have learned.
> Parul, Volunteer, Vitipara Child Development Centre, Gazipur.
> (Plan Bangladesh 2003)

Especially in the urban centres, adolescent girls are increasingly working as volunteers in the running of the programme. As of March 2003, a total of 302 groups (parenting) and 568 centres (pre-school, child growth centres and day care centres) were operated by the volunteers in the different districts where Plan works (Plan Bangladesh 2003). This shows the magnitude of the

programme, as well as the successful mobilization of children and adolescents.

Implementation and monitoring
This includes many activities carried out at the operational stage. Although implementation of different ECD interventions is conducted by volunteers, the implementation committee has a strong role in organizing and overseeing implementation. The committee plays an important role in identifying and enrolling children for each intervention, follow-up of attendance of enrolled children, and monitoring whether resources committed are smoothly channelled through the centre. In addition, their role in systematic monitoring is also a vital component of the programme.

The participatory monitoring system, the objectives, indicators, measures and schedules of which are developed through the participation of children and adolescents, provides an opportunity to monitor the activities of a centre in a more functional way. Furthermore, the CCCD process ensures that apart from monitoring outputs, the community also monitors the project's impact on the lives of children.

Evaluation
Evaluation involves the assessment and analysis of the overall programme activities: relationships, methods, technology, resources, process, accomplishment and results. CCCD particularly emphasizes a people-owned process of participatory evaluation. Evaluation therefore includes the participation of young and adolescent boys and girls, adult men and women, and members of the other community-based organizations. It is designed in such a way that it becomes an empowering process and programme improvement exercise for the community.

A sustainable and replicable model

The activities of Plan Bangladesh in the area of early childhood development, briefly described in this paper, is a successful demonstration of active child participation in a child development programme. The model developed and demonstrated in different parts of the country shows a number of significant aspects which are leading to sustainable development. First, the activities show that children have every potential to be effectively involved in, and lead, a development process. Community participation in different aspects of resource mobilization and programme implementation can become even more effective if children take the lead of the programme. Through this process important skills are transferred to the community in relation to ECD, and the community is given the opportunity to implement a low-cost and affordable development project. This has already been acknowledged and acclaimed by experts in the development community of the country. Although a systematic evaluation study on the programme has just been initiated by Plan, some important organizations like the Bangladesh Rural Advancement Committee (BRAC) and UNICEF have already started replicating the model in different parts of the country.

References

BEPS (2002) Bangladesh Education Sector Review: NGOs as Deliverers of Basic Education. Report No. 3, Basic Education and Policy Support (BEPS) Activity. USAID.

Education Watch (2000) A Question of Quality: State of Primary Education in Bangladesh, Volume 1. Dhaka, Bangladesh: Campaign for Popular Education and the University Press Limited.

Education Watch (2001) Renewed Hope Daunting Challenges: State of Primary Education in Bangladesh. Dhaka, Bangladesh: Campaign for Popular Education and the University Press Limited.

Plan Bangladesh (2002) Plan Bangladesh Approach for Child Centred Community Development. Bangladesh: Plan International.

Plan Bangladesh (2003) Early Childhood Care and Development Initiatives of Plan Bangladesh. Bangladesh: Plan International.

RESTORING LOST CHILDHOODS OR A CHILDHOOD REGAINED: MOBILE CRECHES, INDIA

Prepared by Sonal D Zaveri, Child-to-Child International Adviser

I remember …
Shakuntala was the third of four siblings. A sick mother and a working father spelled neglect. No one remembers her first steps or the first words she spoke. Alone and abandoned she was encouraged to come to the Mobile Creches's centre in the shanty town. Twenty-nine years later, this is what she remembers …

'I discovered the joys of childhood – making little earthen toys, painting them with a cotton-tipped stick dipped in paint, participating in festivals and joining the other children in song and dance.'
Shakuntala, 32 years old, a police officer

Gajanand was born in a small village but when his father died, his mother turned to the construction site in Delhi for work to keep her family together. He was only five years old, alone and friendless. He would perch on the iron railing at the Mobile Creches's centre on the site, watching the children playing and laughing, getting a whiff of the porridge cooking on the stove, a few lines of a song wafting through the air. The Centre in-Charge invited him in to eat the porridge and convinced his mother to send him to the centre. There was no looking back.

'I learned to draw flowers, birds, trees, the moon and the stars … I loved it. We went on many trips and I would come back from these adventures with a collection of dried flowers, branches, stones and leaves. I would play around with them, give them form and create an object of art!'
Gajanand, 37 years old, an accomplished artist

'The minute we reached the centre, we'd forget about home. I would sit in the doll's house for hours. I would read, write … I was growing up. And most of all, being loved.'
Lakshmi, a child of a construction worker, now 27 years old and a pre-school teacher

The children come with their parents from all over India to the construction sites in the big cities. They live a nomadic life, moving from one site to another. The parents eke a living through hard labour and have little time for the children. Left to themselves, they wander in the heat and dust – it is an aimless life. The older ones, forced to mind the younger ones, do not go to school and loiter on the site. With no education, no skills and poor health, the future of the children was as bleak and tragic as that of their parents. The Mobile Creches's centres held the promise of a new life and a better future for these children.

Mobile Creches

Mobile Creches started in Delhi in 1969 and has expanded to three cities – Delhi, Mumbai and Pune. The primary target group are the children of migrant workers who live in temporary shanties near the construction sites. The creches are set up at the site itself for the convenience of the children. They run six days a week, from 10.00-5.00. When a building is finished, the workers move on and so does the centre. Since 1969, Mobile Creches has run a total of 446 centres. In 2000-2001 it had 65 centres operating in the three cities, reaching 11,420 children.

> **An unusual beginning**
> It was a hot day in Delhi. The occasion was the centenary celebration of Mahatma Gandhi who brought freedom to India and the message of non-violence to the world. A pavilion was being raised and men and women laboured on the site – their children playing in the dust and rubble. The founder of Mobile Creches brought the children under the shade of the tree and so started the first Mobile Creche – to reclaim a childhood they deserved with all its joys and potential.

Mobile Creches works with children from 0-12 years. It provides infant care and stimulation for 0-2 year olds, pre-school education for 2-6 year olds and non-formal education for 6-12 year olds. The centres provide a natural environment for children of different ages to play, work, learn and help one another.

One in three of the children enrolled in the centres is below three years of age, the most difficult area of childcare but critical for a child's development. The Mobile Creches's early childhood development (ECD) strategy aims to address the fundamental roots of poverty by breaking the cycle of low birth weight, early malnutrition and endemic ill-health, in this way opening doors to schooling, better skills and stable livelihoods. All creches have kitchens where meals are prepared for the children. All have links with available health services for growth monitoring, immunization and treatment of illnesses. Mothers come to breastfeed and the older sibling is always at hand in the non-formal education class to give a reassuring hug!

Mobile Creches aims to look after the developmental needs of both older and younger children. By looking after young children at the centre, older siblings are relieved from childcare responsibilities and are able to go to school. Most children are first generation learners. Children move frequently from site to site, so they are not able to enrol in schools because they do not know the three R's. Older children are also embarrassed to enter Standard I at the age of eight or 10 and prefer not to go at all. Mobile Creches provides educational support for older children to enter the formal school system and to perform well in it. It also helps ensure they do not drop out. The pre-school training facilitates younger children's entry to school at Standard I. The older children undergo remedial education to enter school at a standard that matches their age.

A long road ahead: status of young children in India
After 50 years of independence, this is the condition of young children in India:

- 160 million are under six years of age, of whom 60 million live below the poverty line.

- About two million die before their first birthday. One in 11 dies before reaching age five.

- One out of every two is malnourished. Malnutrition sets in between the ages of four months and two years, when the child is in a state of perpetual hunger. 74% are anaemic.

- 50% between five and 15 years do not attend school because of a lack of access to quality services and support services like remedial education.

- Officially, 11.28 million are employed. NGO estimates are 62 million.

- 60% of girls do not attend school. Research suggests this is because of sibling care responsibilities, household chores and gender bias.

- 60 million children of women in the unorganized sector need creche facilities. The government-run Integrated Child Development Services (ICDS) reaches 25 million, while creche schemes reach only 5%.

Data from *Mobile Creches Annual Report 2000-2001*; *Census of India 1991*; *State of the World's Children, UNICEF 2000*; *National Family Health Survey II*, Indian Journal of Labour Studies 1997.

The creches also serve as an entry point to various community activities, including street theatre (through a group called *Lokdoot* or Voice of the People), women's and community meetings, and preventive and curative health care services including ante- and post-natal care.

Mobile Creches has developed a year-long, on-site experiential ECD worker training programme called the Balpalika Training Course. All Mobile Creche workers are community members and are trained in ECD. The training course also attracts applicants from other organizations and other walks of life. In Mumbai, it is affiliated to a well-known university (SNDT University), which recognizes Mobile Creches as an extension education centre. A pre-primary teaching aids kit and manuals (in English and four Indian languages) for creche organizers and workers, along with a training videocassette, contribute to training efforts.

Mobile Creches, with its vast experience in ECD, is also the secretariat for FORCES, an informal network of organizations which advocates for the young children of mothers working in the informal sector. In 2000-2001, it spearheaded a campaign to prevent the adoption of the 83rd amendment of the Constitution of India, which guaranteed the right to education for children, but omitted the under-sixes!

Mobile Creches and Child-to-Child

Child-to-Child was introduced in Mumbai in 1986, primarily to spread health education in the community. The children at the Mumbai centre learned the importance of cleanliness, hygiene and disease prevention, and were able to communicate this information to other children and their families. Children demonstrated the preparation of oral rehydration solution (ORS), performed skits on various diseases, conducted rallies and participated in games, songs and art activities that reinforced health messages.

Young children at Mobile Creches, Mumbai. Photo: Sonal Zaveri

The health needs of the children have, however, changed over the years prompting corresponding changes in the selection of health topics and learning methodology. Earlier, Child-to-Child activities were treated as a discrete subject but the Child-to-Child programme at Mobile Creches has now integrated health with other kinds of curriculum-based learning. As before, Child-to-Child continues to address the developmental needs of both older and younger children.

Health needs: changing trends

The health needs of children are determined at community level, where teachers interact closely with children, mothers and community members. Earlier in the programme's history, identified health problems were diarrhoea, leprosy, polio, smallpox, chickenpox, measles, tuberculosis, scabies and poor personal hygiene (hair lice in particular). Current health priorities are viral

fevers, seasonal malaria and occasional diarrhoea and tuberculosis. The numbers affected are many fewer than before. The centres are also now faced with social problems such as dowry, gender bias, gambling and more recent health problems like tobacco-chewing and HIV/AIDS. Tobacco-chewing is popular with young children because one of its forms, *gutka*, is promoted as a mouth freshener. However, it is very addictive.

Changes in the construction industry

There have also been changes in the construction industry, with some positive results. Earlier, one or two buildings would be built quickly, necessitating highly mobile construction workers (and children). Large construction projects that continue for five to 10 years mean fewer mobile construction workers. Additionally, increased mechanization means women's unskilled jobs are not in demand and many work as domestic servants in the newly constructed buildings. Consequently, they are increasingly sensitized to hygiene and cleanliness. The contractors are also more aware of health issues (not as much as desired, though) and provide water and other amenities for the workers. The media (especially television) broadcasts public health messages and promotes a 'be clean' image with advertisements for soaps and toiletries. Access to health services, government and private, has also improved.

Because of these changes, some health issues, such as leprosy, polio, diarrhoea, smallpox, personal hygiene (unless there is a particular problem with water at the construction site), scabies, head lice, and tuberculosis are less of a problem than before. In fact, smallpox has been eradicated and polio immunization campaigns by the government have been hugely successful. There are also no new cases of vitamin A deficiency, and deaths from diarrhoea are now rare.

The integration of health into learning

Child-to-Child, with its emphasis on health learning, continues to be an integral part of the programme, but is now integrated with the learning of other subjects such as language, mathematics and the sciences. The theme approach (*Prakalp*) integrates activities for health, and children's cognitive, social and emotional development in various age groups. The theme runs for a month and learning takes place through language and number exercises, indoor and outdoor games, songs and stories, role-plays and puppets.

The themes are decided separately for pre-school and older children at the yearly planning sessions. The monthly curriculum and activities are developed by a curriculum team and supported by input from teachers from all the centres. The themes for the over-six age group are related to the topics taught in the primary schools.

Some examples of themes for the pre-school group are:

- My house.
- My family.
- Leaves.
- Our environment.
- Water.
- Good habits.

And for the primary group:

- Post office.
- Air.
- Living and non-living.
- Seasons.
- Food.
- Pollution.

Mobile Creches Mumbai has developed theme lesson plans (in the local language) for each month of the year. In addition, they have a resource book called *Look, Live, Learn* that explains the theme approach for nine topics – water, air, earth, fire, worms, diarrhoea, personal hygiene, measles and smallpox. Some topics such as worms, diarrhoea, measles and smallpox are health-based, but in other topics, health messages are integrated with non-health-related subjects. In the lesson plan below the health messages are marked in italics.

Lesson plan for water

1. **Introduction** – the need for water.
2. **Physical development** for motor coordination: water play (with ladles, funnels); swabbing the floor; washing clothes and utensils; pouring water from a ladle into a glass; the 'inside' and 'outside' game; musical chairs game (pots of water are substituted for chairs and children stop in front of them when the music stops).
3. **Cognitive development**: colour of water; *muddy water carries worms, eggs of worms and germs that spread disease; need to have clean water;* taste and smell of water; *importance of sugar and salt and how it is lost in diarrhoea; ORS demonstration;* qualities of water – shape, transparency, density, weight, temperature; *need to boil water for drinking;* traditional stories of the fox and the crane, dog and the bone and the lion and the well – all traditional stories; traditional musical instrument called *jal tarang* made by filling water at different levels in different size containers.
4. **General knowledge**: where water is found.
5. **Readiness for school**: language – words that convey sounds related to water; maths – volume.
6. *Health awareness: how disease is spread through water; storing water at home; purifying drinking water; how to take drinking water from a storage pot.*
7. **Socio-emotional growth**: social tradition in Indian homes of offering water to guests; coolness of water to refresh; water games.

Child-to-Child materials and activities

A number of in-house training materials have been developed and are used widely. These include a compilation of songs and games on different topics such as personal and environmental hygiene, polio, chickenpox, tuberculosis and balanced diet. The games include a mix of traditional games such as snakes and ladders (modified for health), and new ones specially designed by staff.

Health games
Health games have been developed by the Mumbai Mobile Creches for cleanliness and different diseases. These are board games as well as quiz questions. The games have been devised for different ages but also encourage children of different ages to play together. The older child is able to read and therefore supports the younger one in the game.

The children sat in groups of five with the older child, the leader, playing the game *Who Wants To Be A Doctor*? The dice fell on the word 'tuberculosis'. The older child asked, 'How do you get TB?' When the child could not answer, he turned to the next one and asked the same question. Satisfied with the answer, he continued the game. One child said, 'You get blood when you cough.' The leader explained that did not happen in all cases. You could have TB of the intestines and bones as well. Then you would not cough blood. The dice rolled and it was the next person's turn.
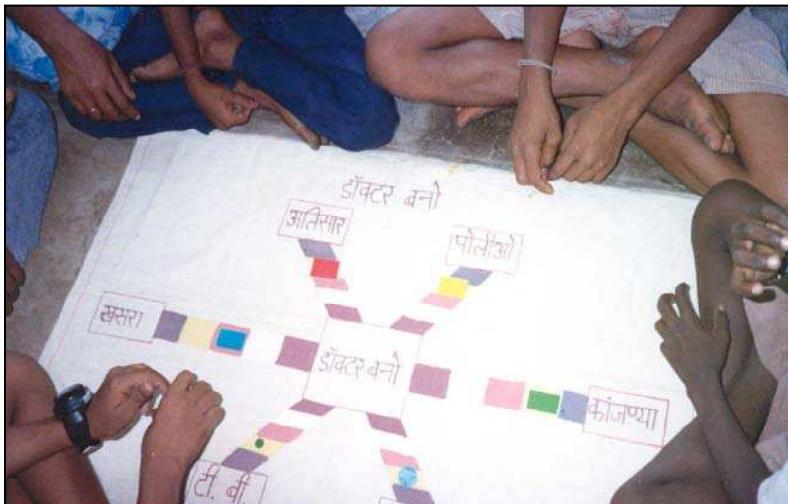
Health game: Who wants to be a Doctor? Photo: Sonal Zaveri

Health songs
Songs are part of the social culture and are very popular with children. Mobile Creches has song collections for language, health and cognitive development, and for different age groups as well – pre-school and older children.

For pre-school children:

Jeb me rumal rakho
Keep a hanky in the pocket
Khasi jab aayegi tab kya karoge
When you cough what will you do?
Muh par rumal rakho
Keep the hanky on your mouth
Naak jab aayegi tab kya karoge
When your nose runs what will you do?
Naak par rumal rakho
Keep the hanky on your nose
Jeb me rumal rakho
Keep a hanky in the pocket

For the older child (on ORS):

Kaysa banta ye sharbat
How do you make this drink?
Ek glass thanda pani
Take a glass of cold water
Ek chapti nimak
Put a pinch of salt
Ek muthi sakar
A handful of sugar

And so on …

Linking learning to the community

Because the creches are located in the community, learning from the centre is easily transferred. Community festivals include health messages with songs and dance. Meena week (Meena is a little girl who provides health messages, an initiative sponsored by UNICEF) is celebrated every year in the Delhi Mobile Creches. Health messages, gender role discussion, community meetings, rallies by children, skits and songs make it a colourful celebration. Older boys and girls have taken the initiative in the community for a number of health needs.

After a session on environmental cleanliness in the Trilokpuri slum in Delhi, children surveyed the community and found it very dirty. With the help of teachers, they observed how families were throwing garbage out of the house, sometimes into the open drain. They also observed how often the garbage truck came to clear the rubbish. Each child went to his own family and neighbours to tell them that rubbish should be thrown in the waste paper basket. The younger ones learned that if they sharpened pencils, they would have to put the shavings in the bin. All the children made sure that waste paper baskets were brought into the homes. They would then check the narrow lanes to see who was not following the rules and held rallies if they found the lane unclean. If the lane was clean, they made it a point to thank the sweeper! The teacher held three community meetings and convinced the contractor to donate a large dustbin for the community.

Addressing the developmental needs of children

Mobile Creches has been concerned with 'mainstreaming' older children into government schools. By having a creche, the older children are free of child-minding responsibilities and are able to work on their own development needs. At the same time, the creche is structured in a way that encourages children of different ages to mingle and form natural friendships and work on activities together.

Mobile Creches activity, Mumbai. Photo: Sonal Zaveri

The needs of the younger child

The creche takes great care of children under the age of six. The growth of children is monitored, nutritious meals provided, mothers are educated on the psychosocial needs of children, and older siblings are freed from their responsibility for their younger brothers and sisters. The young child gets lots of opportunities for play and creative expression, something that was lacking when they were at home. The active learning methods make learning fun and enjoyable. The mothers are encouraged to talk to their children and are informed of the child's progress when they come to the creche.

The needs of the older child

'We are so proud that my daughter can read and write. Now she reads all the letters that come. We do not have to go to someone.'

'The shanty is not a good place for children to grow up. Here at least they do not loiter and get into bad company. They go from school to the centre and study. When they study, the younger ones also bring out their books and want to read!'
Mothers' voices

If an older child does not enter primary school, the opportunity to obtain an education is lost. Special attempts are made through non-formal education to 'mainstream' children into government schools. After entering schools, education support classes ensure the child is able to do well and avoid drop-out. A great deal of trouble is taken to get birth certificates, prepare children for entrance exams and provide supportive educational material – all to make sure that the child does not lose out on an education. With the younger sibling in the creche, the older children are able to look after their own needs.

Older and younger children working together

Children's group activities encourage the mingling of different age groups fostering a sense of belonging and kinship. These take place informally in the centre and more formally as children's fairs (*Balmelas*), children's forums (*Bal Sabha*), health fairs (*Swasthya Mela*), art and theatre events and workshops.

Older child taking a class, Mobile Creches. Photo: Sonal Zaveri

Every Saturday, one of the teachers is absent because of meetings or leave, and older children conduct classes, playing and participating in learning activities with young children.

Once a week, all children bring a healthy snack from home and share together. Kitchen gardening, reading the newspaper and helping in games and art work are some of the activities in which older children help younger ones.

Health lessons, games and songs are conducted by older children so that the younger ones learn by example and imitation.

Bal Sabhas are conducted every Saturday afternoon in Delhi. In the early days of the Creche, Saturdays were 'cleaning days', when older and younger children had to be deloused, bathed, cleaned and scrubbed, etc. In these activities, older children used to take the lead in helping young ones stay clean. As standards of hygiene improved the need for cleaning days disappeared and therefore so did these natural Child-to-Child activities.

Activity during a Bal Sabha (Children's Forum), Mobile Creches. Photo: Sonal Zaveri

The *Bal Sabha* was introduced to fill this vacuum. All children participate. Older children check nails, hair and cleanliness of younger children's clothes. A leader and vice-leader are elected (usually older children) and through song, dance and other activities the older children take the younger ones through the theme of the month. On the last Saturday of each month, there is a performance and children demonstrate for teachers what they have learned, using active learning methods. It is a vibrant, powerful approach to cooperative learning.

> The centre at Vasantkunj, Delhi ran from 1998 to 2000. Many children were admitted to the government schools. The construction was over and families were moving to another site where there were no schools. When that happens, children go back to loitering on the site, doing housework or work in a local shop. But 14 children from this community had a different idea. Nine boys and five girls, all studying from grades 1 to 5, came up with a unique solution. They would stay back and manage on their own. They divided the household chores, and got the part-time helper from the former centre to help. They decided to stay, visiting their parents on holidays. They finish their chores by 7:30 in the morning and walk three to four kilometers to the school. Their little hut is clean, they have made a kitchen garden and when tired sit in the shade of the pomegranate tree that was planted when the centre was there. The older ones take on the cooking and cleaning duties. Sometimes they have to be a 'big brother' when the little ones get into a fight, or get scared when the dogs howl at night! All but one of the children passed their exams with flying colours in March 2002.

Gender equality

Gender bias is deeply rooted in the culture but in the creche boys and girls work equally, and a number of programmes are held to sensitize boys against taking dowry when they grow up. Boys also learn that their sisters need the same nutrition as they do. In the homes, mothers have reported that boys happily do housework, cook, bring water, sweep the floor and clean the utensils – traditionally, 'girl' work. In this way, boys learn 'right' and do not have to unlearn any role!

Monitoring of activities

The Programme Officer, the head of the centre, monitors the plans and evaluates the teacher and the way lessons are implemented. Monthly reports are sent to head office. The children's worksheets are reviewed and changes in learning plans made accordingly. Every three months, a checklist is used to test whether children have learned what they were supposed to.

Regular community visits are made by teachers and community meetings held. Similarly, mothers' meetings take place and provide an opportunity for feedback. Meetings with mothers at the centre or during the visit to the community are opportunities to check on what the child does at home, what messages have been given and if there are any problems.

Challenges

The Mobile Creches is committed to ECD and Child-to-Child. It commissioned a study in 2001 to assess its staff understanding and implementation of both. Here are some of the results:

- The study concluded that staff viewed the Child-to-Child approach in its literal sense – older children passing messages to younger ones and the family. While this was and is part of the approach, particularly when it was initiated in 1986, the approach has evolved and staff skills and understanding need to be updated. More training of staff in the Child-to-Child approach would be useful, but there are constraints in terms of time and money. The staff role also needs to be redefined to increase facilitation and reduce the teacher-centred approach. Active learning needs to be incorporated, rather than just activity learning.

- The benefits of the Child-to-Child approach were clearly evident in the children, families and community, but there is a requirement for in-depth training and a strategic focus on children's empowerment as active partners in the change process.

Achievements

- Older children have learned how to play with and take care of the younger ones, moving from child-minding to child-caring, and producing toys and games for the younger children at the centre. Older children take care of younger siblings when crossing the road (keeping them away from the traffic). They also do not allow them to play without footwear or in the sun, and do not give them food on which flies have sat. Shared activities have created 'bonding' between older and younger children. When the young one enters school, there is no problem of adjustment. There is someone from the centre to 'watch out' for them.

- Younger children have learned lots of social skills – waiting for their turn, not getting distracted, paying attention to the task, speaking clearly, taking part, etc. They have also learned by imitation. They watch the older ones brushing teeth, cleaning hands with soap and water, combing their hair and want to do the same.

- Both younger and older children feel they are part of an extended family at the centre. A sense of kinship develops similar to the one they have in the villages they come from.

- Mothers have been 'nudged' to pay attention to the psychosocial needs of their little ones. They have learned to appreciate what children learn, and enjoy listening to their songs. One mother reported, 'we come from the village. There are no elders to guide us here. It is the teacher at the centre who tells us how to bring up our children.'

- The children listen to their mother and have even begun talking to their father. Because the children are busy during the day and are well occupied when they come home, a mother reported there was 'no tension' in looking after her children.

- Creche children are the best advocates in the community. Many enrolled children have brothers and sisters who have grown up in the creches. Spreading health messages, providing information on new migrants in the community, helping teachers with birth certificates, first aid care and a host of creche and community activities are all coordinated by older children.

  'We like to help. We help our neighbours' children with their homework and know that if there is a blind person, he needs our help to cross the road. We maintain a first-aid box in our community. In the monsoon, the lanes get full of water. We go on our bikes and bring the little ones to the centre. We don't allow them to wade in the dirty water.'
  An older child's voice

- Because of the close interaction with the community, the Centre is able to respond to any emerging need immediately.

- Children convey messages in the community, inform if there are any new entrants on the site and talk to teachers about any problems in the community. Feedback from the community is easily obtained from children. Children regularly attend both at the centre and in the formal school. Nearly all children in the non-formal class are able to enter formal schools. Girls are now able to attend school and the bias against girls' education has been reduced because of the efforts of the centre.

The Mobile Creches model has much to offer, with rich experience gained and the promise of a stronger Child-to-Child in the future.

LESSONS LEARNED

Tradition, adaptation and innovation

The Child-to-Child programmes described in this document display a mix of traditional ideas, adaptation and innovation. Some programmes, such as the Child-to-Child network, Botswana and Mobile Creches, India, have, from the outset, promoted an older child helping younger child model, as this is what works for them. At the same time, it has been pointed out that additional training may help to partly redefine the approach in both contexts, so that it becomes more child-centred versus teacher-centred. In this way, the staff role can shift to one of facilitation and introduction of active learning methods. Such a realignment would mean a shift towards a strategic focus on children's empowerment as active partners in the change process.

Initially, for the Arab Resource Collective (ARC), the Child-to-Child approach was closely related to health education (e.g. safety and nutrition, etc.). However, some (though not all) of the programmes they are involved with have, over the years, expanded the Child-to-Child concept to include issues connected with child rights and empowerment. While this is to be welcomed, it has, paradoxically, created dangers (see the section below on children's participation).

Other programmes have also found it necessary to adapt as new circumstances have presented themselves, e.g. Mothers Welfare Group, Nigeria, are now having to focus more activities on orphans and child-headed households, as a result of the devastating effects of HIV/AIDS in Nigeria. This has placed enormous demands on the programme. Despite this, they have managed to rapidly expand a 'youth-to-youth' programme set up as a result of the crisis.

Cultural fit

A number of programmes highlight the importance of achieving harmony between the 'alien' concept of Child-to-Child and local cultural norms and behaviour. In Botswana, the idea of an older child engaging with and helping a younger child fits in with cultural expectations and practice. Older siblings often have to care for younger siblings. As a result, the older child helping younger child model of Child-to-Child has been able to flourish (but see also the challenges which can result from use of this model: 'older child helps younger child' section, p.116). However, cultural and language barriers (between the Batswana and another group, the Basarwa) have meant that the introduction of Child-to-Child amongst the latter in Botswana has been problematic. The dominant Batswana have attempted to impose their culture and language (including through the education system) on the Basarwa. Consequently, despite it also being common for Basarwa children to take care of their younger siblings, their disadvantaged position has mitigated against programme success in the schools which these children attend.

In Nigeria, the Mother's Welfare Group has been able to draw upon a rich cultural tradition of singing, storytelling and drama. Although generally not used in formal schooling, these kinds of activities have proved effective in the successful introduction of the programme into local schools. It is the cultural acceptability of such activities which has allowed their use in a context in which they were previously absent. Conversely, social, political and cultural realities have acted as constraints on MWG activity. For example, religious riots between 2000-2002 forced the programme's withdrawal from certain areas. Additionally, because of prevailing gender hierarchies in Nigeria, MWG have found it difficult to engage men in activities.

ARC recognize that the Arab world is culturally diverse. As a result, they have engaged different communities in the challenging task of producing materials and resources that are culturally relevant to those who use them. As they point out, adaptation of materials for the Arab world is no longer mere translation, but is the result of collective work which draws on their partners' wide-ranging community-level experiences. CARE and their partners in El Salvador also regularly review materials to ensure content is rooted in local needs and that they can be used effectively in programmes.

CARE's experience in El Salvador suggests that teachers are sometimes afraid of joining a Child-to-Child programme because of the extra burden of responsibility this might entail. This perception is warranted given that health, the focus of many Child-to-Child programmes, is often marginalized or even non-existent in national curricula. CARE's solution to the problem has been to prioritize the development of materials that complement the national curriculum in El Salvador. All teachers are familiar with the curriculum and therefore find it easier to see how Child-to-Child can be integrated with what they already do. Similarly, ARC have also been keen to ensure that their materials are in line with the content and objectives of school curricula.

Involvement of parents and community

All Child-to-Child programmes benefit enormously if parents and the wider community can be brought on board. Some teachers and parents do not want children to participate with adults. Adults can tend to believe that young children especially 'know nothing' and 'you must tell them everything'. The support of parents and community therefore helps to promote programme viability and allows health messages to reach children not connected with the school or centre running the programme, as well as adult members of children's families and adults in the wider community. The programme in Ecuador has found this to be the case, as has CARE in El Salvador, which seeks to encourage the participation of parents and the rest of the community, thereby creating links between the school and the wider social environment.

Plan Bangladesh seek to involve parents in order to improve their knowledge of child development and useful parenting practices. In addition, Plan encourage parents and their children to work together on issues of common concern. One aim here is to ensure that children can reach their full potential,

with their parents' support. In Plan's child-centred community development (CCCD) approach, the 'immersion' stage is designed to encourage relationship-building and mutual learning between community organizers, children, families and the wider community. The community planning stage, in which children have a fundamental role, is geared towards mobilizing community resources for activities.

CHETNA have found that in villages where the community was supportive, children have been able to carry out many Child-to-Child activities. In Nigeria, the Mothers Welfare Group will only introduce their programme to those schools where the wider commitment of the community is forthcoming. While this means relatively slow expansion, those schools that do get involved do so with full commitment.

The CCATH project in Kenya and Uganda found that open communication between children and parents/guardians was fundamental in promoting children's resilience, in this case in the context of HIV/AIDS. They have also found that building links with families and the wider community helps to ensure that the material and other needs of the project and its participating children (financing, resources, etc.) are met. The CCATH project has stressed that children's survival needs have to be met if their developmental needs are also to be met. The two are closely linked.

In Botswana, family relationships tend to be hierarchical. Consequently, the idea of children 'teaching' parents is anathema. Despite this barrier, programme evaluation has found that girls especially are able to pass messages on to their mothers. Other factors also appear to be of importance in determining whether messages are accepted by families. The type of message transmitted is one factor, e.g. information about personal hygiene is more acceptable than information which contains implicit criticism of parental practice, e.g. about breastfeeding practice. Another is that regardless of the type of message passed, the Botswana programme found that *how* children approached their parents could determine whether or not a message was deemed to be acceptable, e.g. if children were respectful their parents were more likely to give them a fair hearing.

In order to stimulate parental support for activities, programmes have endeavoured to get parents involved, whether through direct parental participation in activities, or through encouraging parents to take an interest in their children's progress. Again in Botswana, schools report that parents often visit the school to obtain information about their children's Child-to-Child activities. In Nigeria, the Mothers Welfare Group organizes sessions where children are able to demonstrate to parents what they have learned. In some cases, e.g. during handwashing sessions, parents take part. ARC's partners have outreach activities with parents, educating them on the importance of play for young children's learning and encouraging them to provide psychosocial stimulation for their children (especially those with disability). In the Kanafani kindergartens, a programme supported by ARC, teachers visit parents at home and also arrange meetings for parents at the kindergartens. The strong linkage with parents and family contribute to the linking learning

with life component of Child-to-Child. Parents have suggested topics such as 'teeth care', and 'eating nutritious food'. Forging links between parents and kindergarten has brought about a change in parental attitudes, including in the attitudes of fathers to their role in raising their children.

Partnerships between organizations

CARE believes that its work in the area of education ought to be carried out in partnership with other national or community actors, as this helps strengthen programmes.

Likewise, CHETNA's Rapar early childhood programme was built on partnerships and collective ownership. The programme was the result of collaboration between CHETNA, Save the Children (SC) UK and local Kutch community-based organizations. Each of these partner organizations worked together to initiate, develop and strengthen children's participation in the early childhood programme. In the implementation of the programme, the same spirit of partnership and local ownership was evident. Village level educators, health and community bodies all participated.

The importance of consultation

In Botswana, participating schools are selected through joint agreement between the coordinator of the Child-to-Child programme, a representative of the Ministry of Education, the schools concerned, including the children and teachers, the parent-teacher association (PTA) and village development committee. The wide-ranging nature of the consultation process ensures that schools are committed to the programme from the outset.

In Ecuador, the Child-to-Child programme has found that the conviction of teachers involved in the programme is crucial for programme success. The programme has also found that teachers' participation in planning, training and evaluation activities helps secure their conviction.

CHETNA ensured that support from the Ministry of Education, and also from principals of schools in selected villages, was forthcoming. They regard this as important for successful implementation of Child-to-Child activities. Both children and teachers have had to be released for training and this necessitated gaining approval from the principal. Although the committees run by children function outside of school hours, they are located in the schools themselves. Additionally, a support teacher from the school is assigned to each committee.

Health across the curriculum

In Botswana, the Child-to-Child 'little teacher' programme is viewed as a distinct entity, one which focuses on health education and which is separated from the teaching of other curricular subjects. Nowadays it is more usual to conceive of Child-to-Child as an *approach* to health education, which can be profitably incorporated into a diverse array of programmes, both in school and out-of-school settings, and within schools, in a variety of curricular subjects.

Mobile Creches, which formerly treated Child-to-Child activities as distinct, now integrate the approach with health and other subjects such as language, maths and science.

In Nigeria, health is taught across the curriculum, e.g. in mathematics and science. Child-to-Child activity sheets and readers, and the books *Health into Mathematics* and *Health into Science* are used to reinforce this approach by strengthening children's participation in the process. In consequence, health is given higher status through its association with two major curriculum subjects. Similarly, for ARC's partners, Child-to-Child active learning methods, e.g. art, drama, song and role-play, etc., blend easily with the learning of science, language and other subjects. The same is true in the Ecuador programme.

Monitoring and evaluation

ARC's partners recognize the need to document, monitor and evaluate their activities. The Kanafani Foundation has regular systems of monitoring activities. Fortnightly plans are made in staff meetings and with the director. Evaluation is carried out regularly and is now part of the system and not considered separately. The latter is also true of the Mothers Welfare Group in Nigeria.

Likewise, CHETNA have built systems for monitoring and evaluation into their organizational activity. For CHETNA, monitoring and evaluation includes the participation of all those involved in the programme, not least children. The participation of children and other relevant parties in evaluation is also crucial if 'ownership' of programmes by stakeholders is to be maintained. Consequently, in Nigeria women, men and older children all contribute to monitoring and evaluation through workshops and informal meetings. In ARC's partners' programmes children are involved in the needs assessment exercise every year. Needs are also discussed in the children's committee meetings. All children participate and volunteers assist children in choosing health topics that they can work on. Plan Bangladesh also ensure that all relevant stakeholders, including children, are involved in monitoring and evaluation activities.

What children can do

All of the programmes in this document are using Child-to-Child in the context of their early childhood programmes. Consequently, they aim to involve *all* children in active learning. In early childhood programmes this includes younger children. Two examples of the success achieved in this area by all of the programmes follow:

ARC's partners have been highly successful in involving younger children in activities through use of the six-step approach to health action advocated by Child-to-Child. While one partner, the Kanafani Foundation, already promoted children's participation, they found that use of the six-step approach helped in its systematic implementation. Traditionally, Arab culture does not recognize

that young children are capable of contributing significantly to improving the lives of their families. The Child-to-Child approach has been powerful in demonstrating what children can do. Also in the Arab world, the Naba'a Foundation have, through a broad interpretation of the concept of health, been able to involve young children in activities. These include activities that promote 'social health', e.g. visiting a sick friend, sharing food, making toys and playing with each other.

For CHETNA and its partners, the local Integrated Child Development Services (ICDS) and early childhood care and development (ECCD) programmes in Rapar functioned as contexts for the mobilization of children and communities interested in reactivating and improving health and educational services. The formation of child resource centres facilitated the linkage of ICDS and ECCD. Children were active in creating an essential role for themselves, notably through their production of, and implementation of, action plans based on broad health, education and gender issues. Greater access to higher quality ICDS and ECCD services has been the result. In the process, children have been empowered and adults have gained much greater awareness of children's true potential.

The CCATH project in Kenya and Uganda has found that the introduction of child-centred participatory research methods has helped researchers and programmers to listen more carefully to children. In doing so, adults have discovered that children's potential is far greater than they once thought, including those children often thought of as 'victims'. The latter can also make a full contribution to programme activities.

Gender

Some of the programmes described in this document have explicitly tried to ensure that girls as well as boys participate. In Nigeria, early marriage acts as a barrier to girls' attendance at school. However, girls' clubs and the influence of the Child-to-Child reader, *Freda Doesn't Get Pregnant*, have helped to challenge the prevailing biases against girls' participation.

In ARC-supported programmes, boys' participation in Child-to-Child/early childhood activities has begun the process of dissolving gender barriers to participation. Girls' participation at school (including re-entry after dropping out) has been stimulated through dialogue with parents and community. Enrolment or re-enrolment in the formal school system has been achieved with girls as young as six, and also those who have disabilities.

Older child helps younger child

In Zambia, the Mpika programme has emphasized the importance of interaction between older and younger children, notably through the medium of play. Older children (with help from younger children) develop ideas through play. In doing so, older children are able to stimulate younger children's learning. As a result, the younger child's cognitive skills, e.g. memorization, spelling and counting, improve.

For ARC's partners in the Arab world, getting older children to mix with younger children is integral to what they hope to achieve. Older children are encouraged to participate in activities with younger children, in the process learning how to stimulate and play with them. Also as a result of these activities, younger children learn and are socialized into community life. The older children have in turn become more responsible. They often see themselves as role models for the younger ones.

A similar process has taken place in the Ecuador and Mobile Creches programmes. In Ecuador, older children have taken on the role of communicating information to younger children, e.g. siblings, cousins and friends. Again, the interaction of older and younger children helps to socialize the latter into the norms of the wider community. Mobile Creches have structured their programme in such a way that older and younger children mingle, form friendships and work together on various activities.

The use of the older child/younger child model can, however, present challenges to programmes, not least in its potential to negatively reinforce the notion of older children as simply the carers of younger children. As a consequence, older children may fail to benefit from Child-to-Child activity and may feel used. There is a gender dimension to this problem in that, as ARC point out, childcare and health care can be presented as the sole responsibility of females. It is imperative that programmes guard against these pitfalls associated with the older child/younger child model. One way of doing this is by making sure that when older children engage in activities alongside younger children, the older ones are also given opportunities to select and take part in activities of direct benefit to themselves and their age group.

Giving children the opportunity to show what they have learned

Providing opportunities for children to show other children, parents and community members what they have learned motivates the participating children to act in the future, encourages non-participating children to participate, and also stimulates the interest and participation of parents and members of the wider community.

CHETNA organize periodic Child-to-Child weeks in schools. Children are able to display their work, e.g. posters. They are also able to discuss with visitors what they have learned. Activities involving parents and communities are organized, e.g. tree planting, rallies and quizzes.

ARC help organize a number of festivals in the Arab world, e.g. International Children's Day, Annual Day, Mothers' Day. As with CHETNA, community events provide an opportunity for children to show what they have learned to parents and community members.

Because Mobile Creches are community based, learning is easily transferred from the centre to the community. Community festivals include health messages with songs and dance. On the last Saturday of each month, children demonstrate for teachers what they have learned using active learning methods. It is a vibrant and powerful approach to cooperative learning.

Children's participation – some issues

Generally speaking, it is possible for adults to pay lip service to the concept of children's participation without truly empowering children. One example is where 'active learning' is promoted without any real engagement or learning by children. Children 'participate', but because they are not *actively* involved in what they are doing, it is less likely that they will carry new knowledge and skills forward with them, to be further built upon in the future. The potential for transformational experiences are thereby denied them. This is an issue which was raised as part of an external review of ARC-supported programmes in the Arab world, more in recognition of the challenge that programmes face, than as a criticism of the programmes themselves.

In the same review it was recognized that, in some areas of the Arab world, the shift towards children's involvement in contentious social and political issues has brought with it a challenge, namely the possibility that children become mere 'mouthpieces' for adults' desire for political change. Arab world Child-to-Child programmes are conscious of the threat and are trying to minimize it. It is, however, an issue that could equally apply to other areas of the globe where political instability is a fact of life. Consequently, programmes working in these areas need to ensure that children are not 'used' as pawns in conflict situations generated by adults.

A third issue, of relevance to all programmes, is that of unequal participation amongst children. It can be a challenge for programmes to ensure that all children (including younger children) are able to participate meaningfully, e.g. ARC points out the problem of some children 'self-selecting' for leadership roles; other children are thereby excluded or only play a minimal role. Programmes also need to ensure that children are not excluded from participation because of gender or disability. The CCATH project in Kenya and Uganda is designed so that the children themselves ensure the participation of all children in activities.

It is also important to recognize that meaningful participation by children takes place in activities other than those formally named 'Child-to-Child'. For example, Plan Bangladesh have developed a process called child-centred community development (CCCD) which ensures children's participation at a level similar to that envisaged in the Child-to-Child approach.

Play

All of the programmes in this document recognize that, through play, both older and younger children are able to develop in a variety of ways, e.g. physically and cognitively. It is well documented that children who receive plenty of stimulation in early childhood, including through play, are likely to undergo faster and more profound development. As a result, they are also more likely to do well when they eventually attend school.

In the Ecuador programme, play is considered one of the most important activities during childhood. They have found that it has a strong role in stimulating the growth and development of younger and older children. They have also noted its role in maintaining a child's physical and mental health. Likewise, play involving physical activity helps to control anxiety, at the same time producing pleasure and happiness.

The Zambia programme emphasizes play as a crucial setting for the cognitive and other development of younger children. In Kabale Basic School, Paul Mumba, teacher and head of the programme, has developed a series of lesson plans based on the theme of play/games. One aim has been to stimulate interaction between older and younger children, the former encouraging development in their younger siblings and friends.

Plan Bangladesh also recognize the importance of play and its role in stimulating children's conceptual development.

The importance of documenting experience

The rich and diverse experience represented in this publication is testament to the flexibility of Child-to-Child and its use by partners around the globe. This section has demonstrated just how many lessons can be learned from such a diverse range of experiences. It should also be clear to the reader that this learning potential has only been made possible because the programmes and their various activities have been documented. Several of the programmes highlighted in this publication, e.g. ARC, Mobile Creches, etc., were specially documented for inclusion here. Yet, in terms of ideas and experience, these programmes have a great deal to offer to anyone thinking of starting Child-to-Child activities in the context of early childhood development programmes. Without knowing of their experiences, the world of Child-to-Child would be impoverished. We would therefore strongly encourage all those using Child-to-Child to fully document their experiences. It is only by so doing that the Child-to-Child family may grow and learn together, in the process making the world a safe, pleasurable and fascinating place for all of our children.

APPENDIX 1 – CHILD-TO-CHILD: AN APPROACH

Child-to-Child ideas and activities represent an *approach* to health education. They do not constitute an alternative programme. It is more accurate and beneficial to view Child-to-Child activities as components that may be integrated with broader health education programmes that are either at the planning stage or already in operation. The distinguishing characteristics of Child-to-Child are the direct involvement of children in the process of health education and promotion and the nature of their involvement. The most effective programmes are those that involve children in decision making rather than merely using them as communicators of adult messages. However, whenever children are involved in this way, change is demanded in current structures and methodologies in health and education.

Child-to-Child ideas and activities spread and take root in many different countries and contexts. For example, in national education programmes; in local programmes and individual schools; in training programmes for teachers and health workers; in youth movements and youth groups linked with schools and school children; in youth groups operating out of the school system; when schools are linked with medical schools, health centres and health campaigns; when older children help pre-school children; and in programmes and activities designed to help children in especially difficult circumstances. Wherever Child-to-Child activities take place, they stress the potential of children to promote better health:

- To younger children;
- To children of the same age;
- In their families and communities.

Experience shows that a health action approach recommended by the Child-to-Child Trust is often a useful way in which children (and adults) can work with Child-to-Child ideas. This is usually an approach in six steps (but sometimes contracted to four steps or expanded to eight or more steps, to suit programme needs).

121
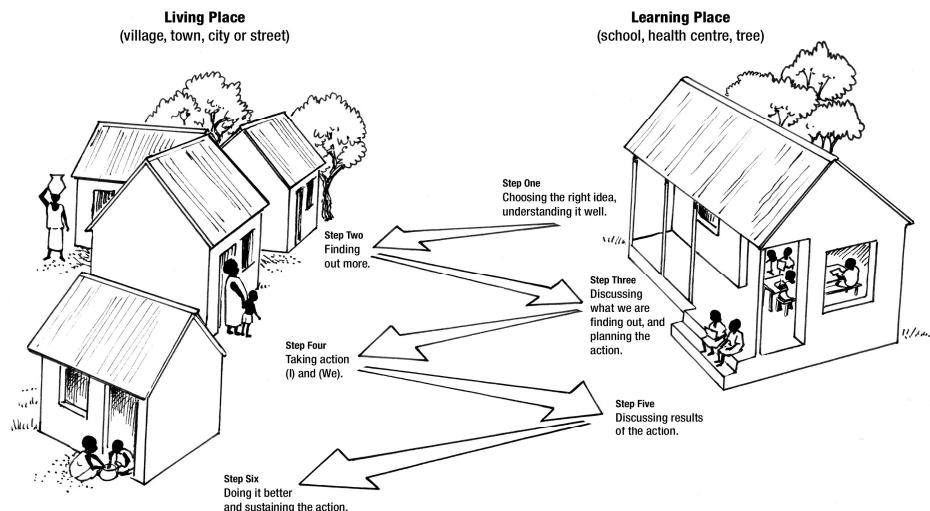
The step approach has an important effect on the way we teach and learn because:

• It links what children *learn* with what they *do*;
• It links what children do in *class* (the *learning place* in the diagram) with what they do in the *home* or *community* (the *living place*);
• The activities are not taught in one lesson and then forgotten; they are learned and developed over a longer period of time.

More detailed information about the Child-to-Child approach can be found in Child-to-Child Trust publications, including *Child-to-Child: A Resource Book*, Parts 1 and 2; and *Children for Health*. See Child-to-Child resource list in Appendix 4 for more information, including prices and ordering instructions.

APPENDIX 2 – EARLY CHILDHOOD MENTAL STIMULATION AND DEVELOPMENT: INVOLVING 9-12-YEAR-OLD CHILDREN WITH TOYS AND GAMES FOR THE UNDER-FIVES

Hugh Hawes, Education Adviser, Child-to-Child Trust

All illustrations for toy making and games in this appendix are from the Child-to-Child publications Toys for Fun (out of print) and Child-to-Child: A Resource Book Part Two (available from TALC – see Appendix 4 for price and ordering information).

Rationale

Children who receive mental stimulation in early childhood develop better and stand a better chance of doing well when they attend school. The gap between those who receive such mental stimulation and those who do not is increased by a number of factors:

- When parents work and are not available to help young children. Children receive less mental stimulation, especially when they are in the hands of 'minders' rather than 'carers'.
- When space for play and the mental stimulation provided by experiences outside the home is lacking, a common condition in poor urban conditions where 'outside' is contaminated and dangerous.
- When toys, books and play materials are lacking and are not replaced by any alternatives (again an urban problem since country life, however poor, often provides such alternatives).
- When children are too tired, hungry and ill to play.
- In certain situations, when television dominates home life and children are put in front of it rather than encouraged to play.

While it is not possible to compensate for all of these problems there are many ways in which activities that involve older children can be organized. These help both older and younger children in the following ways:

- By involving older children in making toys and games for babies and younger children by finding and using materials that are readily at hand. In so doing they begin to understand the way that different children at different ages develop.
- By developing older children's own creativity and skills while they are doing this.
- By giving them (the older children) a good time.
- By spreading ideas as a result of collective action.

How can we put the above into practice? Here are three options:

- As an ongoing activity within a school or youth group.

- As a workshop conceived as part of a unit with appropriate preparation and follow up.
- Better still, as a combination of both.

Option 1: Ongoing activity within a school or youth group

Here, the focus is on child development over a term or year for 10 or 11-year-olds.

You will need at least six 'core sessions' dedicated to the unit, together with as many other supporting activities as possible (see below).

The sessions might well be linked to the steps in the health action approach recommended by Child-to-Child (see Appendix 1 on the six-step approach). For example:

- Identifying the problem (1 session).
- Finding out more (2 sessions).
- Planning and taking action (3 sessions). *Could incorporate toys and games workshop described in Option 2.*
- Discussing action taken (1 session).

These sessions can be supplemented in a number of ways:

- In **language -** developing *reading skills* using supplementary reading material similar to 'Teaching Thomas' in the Child-to-Child readers. Also, *writing skills* involved in describing younger brothers' and sisters' development at home.
- In **mathematics -** measuring growth in babies and interpreting growth charts, as well as the mathematics involved in making shapes for children's play activities.
- In **arts and crafts -** the skills involved in toy making.

Announce the child development theme at the beginning of the year (or whatever time is chosen) and tell children what is going to happen and why what they are doing is important.

If possible, and in a light-hearted way, do a pre-test of what they know about child development.

Ask them either singly or in pairs to choose a baby or young child in their family and to observe it during the period (a term or six months). Try and encourage children in the class to choose children of different ages, e.g. 0-6 months, 6-12 months, 12-18 months, etc. (Any age up to four years.) Give each child a list of things to observe and note, depending on the age of the child. At the end of the period have a session putting all the lists together. Do a final test at the end of the period to find out what children have learned (or not learned). If possible, try to find out from parents whether children's behaviour towards younger ones has changed.

Option 2: A toys and games workshop

Time needed
Activities may be organized over a period of about two to three weeks. These could include:

- One or two sessions looking at how children develop and what mental stimulation is needed to help them.
- A briefing to children and parents to collect suitable materials for toy making, and an explanation of what toys can be made.
- A period during which children can make their own toys at home and collect toys, games and songs that are already used at home to help children develop (recommended!).
- A workshop (no less than three hours) in which children with minimum help from teachers and parents make, display and explain toys and games.
- A period in which children take home what they have made and try them out with babies and young children.
- Discussion of what has taken place. What do we do next?

Getting help
Heads/teachers/youth leaders
The head teacher (or youth group leader) and the teacher or group organizer must be fully committed. This activity needs enthusiasm and commitment.

Parents and older children
All parents need to know what the children are doing and why, and some parents need to be prepared to come and help during the period of activity. In particular, experience has shown that a parent with a sewing machine and another who acts as a carpenter and 'cutter' can help speed up activities greatly. Older children (e.g. from secondary school) can help significantly too.

Local shops and businesses
These can be mobilized to look out for and keep unwanted waste material suitable for toy making.

Materials
In an urban setting
Although materials should, if possible, cost nothing, a few 'consumables' are desirable. These include paint and brushes (though these can be made), glue, a ball or two of string, clean white paper for labels and possibly nails and thread. The cost of 'stuffing material' for balls and dolls, etc. is difficult to predict. In some cases beans, cotton, etc. may be affordable or may be donated, in other cases free alternatives must be used. Punches, scissors, rulers, compasses, staplers and saws need to be borrowed.

Free materials include a range which will vary widely according to the area and the extent to which packaging is prized at home. Some are readily

available such as seeds, grass and bottle tops. Some like rags and paper are relatively easy to find at no cost. Wire is very important but needs to be clean not rusty; only small pieces are needed so it can usually be obtained. Some materials depend on local practice, especially use of tins and plastics. Others may be supplied by local shops and light industry including off-cuts of wood (including sawdust), paper and cloth, and cardboard containers of various sorts.

In a rural setting
Bamboo, clay or mud, seed pods, stones, reeds and banana fibre are all valuable.

Before the Workshop
- Announce the purpose, time and programme of the workshop; collect volunteers; start collection of materials (involving children themselves). Sort materials; agree timetable. Send round 'ideas sheets' to volunteers (see example under Note 1 on p128).
- If possible, arrange publicity. It makes an excellent news item.
- Arrange at least one session with the older children to introduce the idea of child development, why play is important for younger children and why it can be rewarding for older children to be involved. Discussion is necessary here so that older children understand that young children react differently at different ages and need different kinds of toys and games.
- Establish certain criteria for toys made, e.g. safe; tough; interesting and colourful.
- Get the children working on ideas before the workshop so that they show what they have made already and then make still more at the workshop. 'Ideas sheets' can be given out to children at this stage (Note 1 on p128).

Objectives for the workshop
Here are some examples:
- By the end of the workshop, participants should have designed and made one or two toys, games or pre-school apparatus for children in a particular age group, and, hopefully, produced at least one item which contained their own ideas rather than something directly copied from another model.
- By the end of the workshop, participants should have shared their ideas with other children and adults in the workshop (including anything they had made or used at home prior to the workshop).
- By the end of the workshop participants should know that if younger children are not mentally stimulated when young it may tell against them when they get to school.
- By the end of the workshop, participants should know that learning to play with others teaches children to participate and share in groups, and learn to socialize and use language.

Conduct of the workshop
- Provide a brief introduction.

- If children have been invited to bring in toys they have made already, collect these toys, show them and thank children who have made them.

126

- Show resources and divide children into groups, using adult helpers if these are available, in order to establish with children what toys they want to make. The number of groups will vary with the purpose of the workshop. Experience suggests that there are at least five viable groups:
  - Group 1   Toys for babies and very young children.
  - Group 2   Toys for children who have started to walk and talk.
  - Group 3   Things to help children use their imagination.
  - Group 4   Learning about numbers and shapes.
  - Group 5   Learning to read.

- Give out ideas sheets to each group if you have not already done so. Within these groups children often like to work in twos or threes but some prefer to work on their own.

- The role of the adults is to clarify and question if the children's suggestions are impracticable (which happens quite seldom). They should only suggest ideas as a last resort.

- Give children up to two hours to complete their toys. If individuals or pairs complete their tasks they can make other simpler toys or work together to collect games, such as finger and body games that they know and which can be shared.

- Collect toys and make a display with the children, putting toys into sections and labelling them. For example: In 'Toys for Babies' – 'A mobile with shiny things' and 'A ball that feels different on different sides'. In 'Toys for One to Three-year-olds' – 'A pull-along which rattles' and 'A box to put shapes in'.

- Children then look at what others have done and display them to adults. It is essential that children explain not only what they have made but also that older children explain how it helps a young child to develop.

- With good management from a group of about 20-30 children, often working in pairs, and allowing both for toys made at home and in the workshop, at least 20 different toys can be made and often more.

- Experience shows that such is children's imagination that in every workshop at least two or three new ideas will surface, such as the two mentioned below:
  - A cuddly rattle (a plastic container full of stones covered with very soft felt material, designed in a London school).
  - A traffic light colour game (cut-out cardboard shapes coloured red, green and amber which fitted into similar-coloured slots in the shape of a traffic light, designed in a Karachi school).

Evaluation

If possible there should be an evaluation both after the workshop and at a later date. We need to involve not only children but also parents and other helpers.

After the workshop we need to find out:
• About organization - how effective it was, and how it could be improved.
• About the output in relation to the objectives of the workshop.
• About the reactions of those who took part in it.

Later, and most importantly, we need to find out:
• What children remembered about the workshop.
• Whether they did anything as a result of it, e.g. played with the younger ones or made more toys.

Option 3: A combination of Options 1 and 2

In this case the toys and games workshop should come near the end of the process described under Option 1 earlier, possibly in conjunction with some event like parents' day or a local fair or exhibition.

Remember to keep a record of all that happened both for publicity purposes and as an aid to be used if the idea is repeated.

Note 1: Sample Ideas Sheet – suggestions for activities produced for workshops in Karachi and London

Group 1: Toys for babies and very young children
Very young children begin to learn as soon as they are born. The more they are helped to use their senses – hearing, seeing, touching, feeling and smelling – the quicker they will develop and learn. Older brothers and sisters can help them by talking to them and by picking them up and showing them things. But they must also be allowed to use their senses in other ways.

Here are some suggestions for things to make:

Mobiles
You can hang cut-out pictures, shiny or coloured disks, or all of these together.
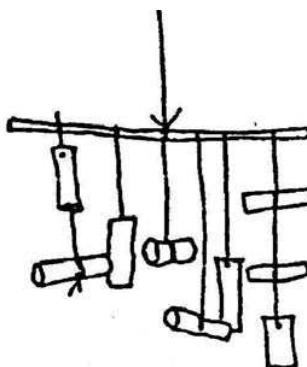
Things that make a noise and catch the eye
Drums, xylophones and steel band instruments (if you have the skill).
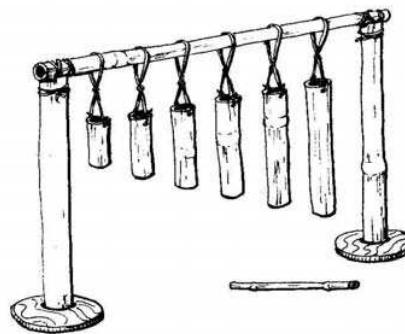
Rattles, shakers, clashers and rattlers (if you haven't).
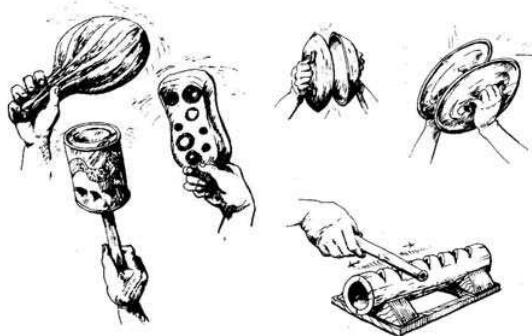
Also remember that when containers are see-through, a baby can rattle them, and see interesting shapes and colours moving inside them.

Things that are soft to touch
You can make them out of old cloth and fill them with bits of cloth or plastic, packing materials, dry grass or paper. Be sure you sew them up carefully.

Things to roll along and pull along
You can thread cotton reels or old film cases and fill them with things that rattle.You can join together different shapes and colours and feels. Be sure the joins are tight so that the bits do not fall out.

You can make a roll-along with wire from a coat hanger (you may need help to unwind it) and a big round tin.
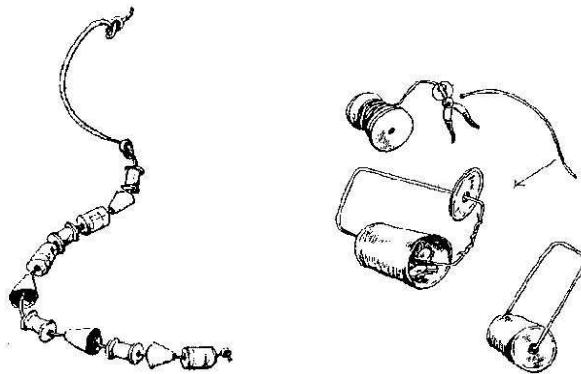
There are many other ideas. Plastic bottles or soft drink tins roll well. Be sure there are no sharp surfaces.

Pictures to name
Make a book from an old box or bits of cardboard, using your own pictures, family photos or cut-out pictures, or all three. Be sure you make it strong. You could also try old floppy disks and paste pictures on the top.
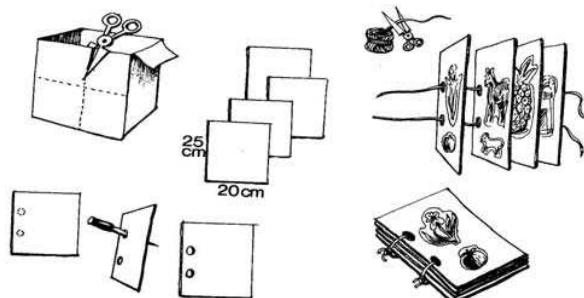
Things to hide in other things
A bag with things in it. Be sure that they are not small, sharp or poisonous but are clean and interesting to see and feel.

Group 2: Toys for children who have started to walk and talk
At this age children are very active and learning very fast about the world around them. We can help give them more opportunities to use their senses. This will help them learn much faster when they are older and also make them and you happy.

You can make:

Things that fit into each other
You can make a 'posting box' with different-size holes for different shapes. Polystyrene packaging might work here.
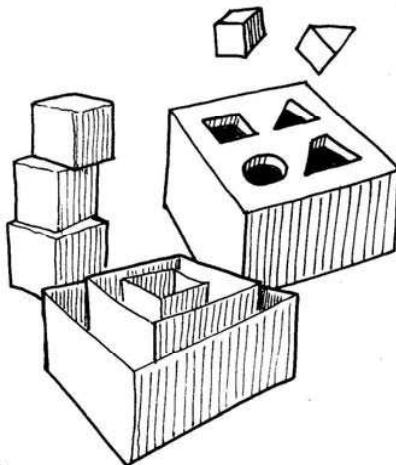
Paper or card cut-outs, toys and boxes of one kind or another
With used paper, of course.

Things to play with in the sand or water down by the sea
Like different-size tins, gourds, calabashes, seed pods and small pieces of wood, e.g. to make boats.

Targets to throw at or into, and bags, hoops and balls to throw
Remember throwing is very difficult for young children so do not expect too much.

A hobby horse to ride
Made from a stick, an old sock and waste paper (don't forget the ears).
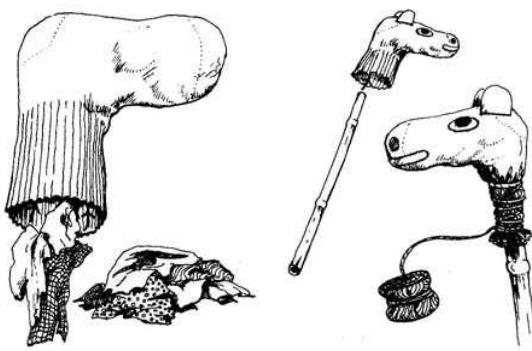
A cut-out picture to fit together and also a picture to add things to
There are many ways to do this. You can make a basic picture (like a street) with slots in it into which you can add other different pictures such as cars.
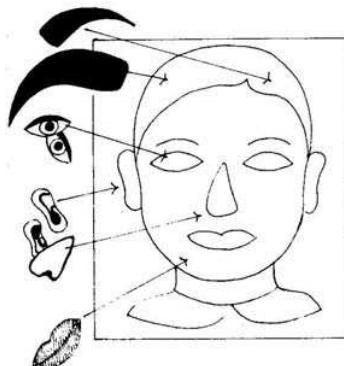
More things to roll along, such as hoops and very simple carts

Games to help children remember and understand colours
For example, as in traffic lights.

Group 3: Things to help children use their imagination
Young children like to imagine and pretend. This also helps them use language in many different ways. Older children can help them by assisting younger children in making puppets and models.

Some suggestions:

A model house or street
Make houses out of clay or cardboard. Make people out of straw or clay. Put clothes on them. If the items can be moved around it will be more fun to play with.
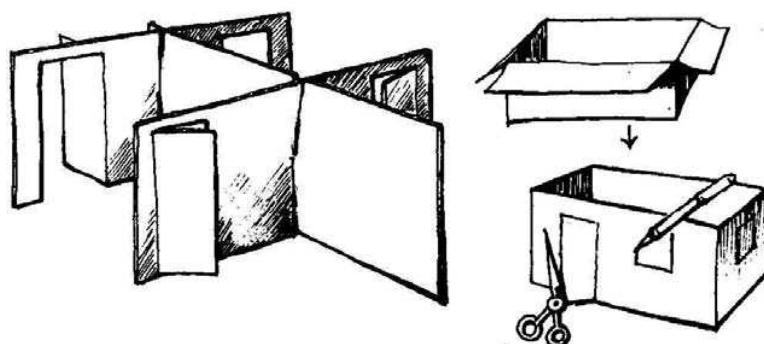
A puppet theatre out of an old box
Boxes are good materials.

Different kinds of puppets
Stick (you can use these with a puppet theatre or as shadow puppets behind a sheet), finger, glove, even string with cardboard.
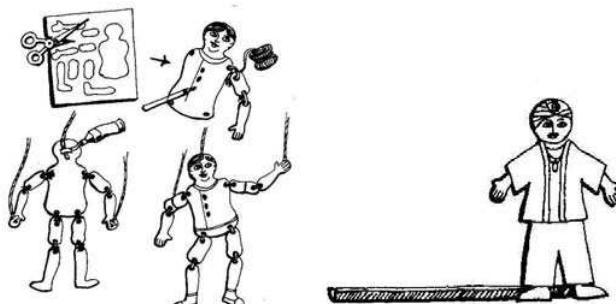

Masks

Group 4: Learning about numbers and shapes
There are many fun games that children from three to four years old can play, which will help them learn mathematics easily later on. They can learn to recognize numbers, sort things and play with shapes.

Here are some ideas:
Make dominoes with cardboard
Match the dots with the numbers. You can also make picture dominoes. For example, at one end of a piece of card, draw three elephants. At the other, draw two dots. Then match the dots with two ducks on another card.
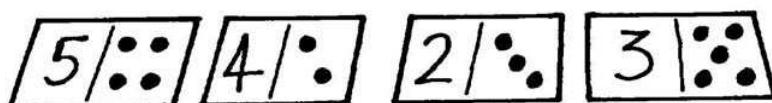
Make number stencils

Make shapes to be matched
Cut in halves a square, triangle, circle, oblong, etc. Fit pieces back into their original shapes.

Group 5: Learning to read
Here are a few ideas:

Make name stencils

Make reading/picture cards
There are many games that you can play with them.

Make small reading books
Eight pages are enough. Be sure that the writing in them is very well done and clear.

Make cardboard racks
For word makers and sentence makers.

These are just ideas and you may have others. Try them. The more new and interesting ideas that you can think of, the better!

APPENDIX 3 – CHILD-TO-CHILD PUBLICATIONS

Available from TALC (Teaching-aids At Low Cost) October 2003

General publications

Child-to-Child, A Resource Book Part 1: *Implementing the Child-to-Child Approach*
Hugh Hawes, Donna Bailey and Grazyna Bonati (eds)
A comprehensive resource book aimed at all who are interested in making Child-to-Child an integral part of their programmes. Contains sections on the Child-to-Child concept, methodology, evaluation and running workshops.
£3.30 PLUS POSTAGE & PACKING

Child-to-Child, A Resource Book Part 2: *Child-to-Child Activity Sheets*
Hugh Hawes, Donna Bailey and Grazyna Bonati (eds)
35 activity sheets bound in one volume. Topics include diarrhoea, malaria, sanitation, disability, immunization, AIDS, child growth and development, activities with children who live or work on the street, and more.
£4.40 PLUS POSTAGE & PACKING

Children for Health
Hugh Hawes and Christine Scotchmer (eds)
All the messages in the 1993 version of *Facts for Life* and more. Each topic-focused chapter contains prime health messages and supporting information, objectives for children's understanding, and ideas for activities that children can carry out both in and out of school.
£3.50 PLUS POSTAGE & PACKING

NEW TITLE • Curriculum for Health Education: Primary School Planning and Practice
Hugh Hawes
Health in school helps to lay a foundation for family and community health. Health education is a key component of school health. How can those seeking to improve it choose, plan and deliver effective skills-based health education in schools? This study addresses these issues, with examples from three countries: India (Maharashtra State), Uganda and Zambia. Its author, co-founder of Child-to-Child, counts nearly 50 years' experience in the field and has had close and continuing links within the three countries under review.
£3.75 PLUS POSTAGE & PACKING

Health into Mathematics
William Gibbs and Peter Mutunga
A book of activities for use in primary schools, designed to help teachers bring examples from health education into mathematics teaching (Statistics and health; Teaching about health through ratios; Teaching health through percentage) and to bring mathematics into health education (Body and growth monitoring; Population; Nutrition and breast feeding; Infectious diseases and immunization; Treating diarrhoea; Water and sanitation; The health of the growing mind).
£5.90 PLUS POSTAGE & PACKING

Health Promotion in Our Schools
Hugh Hawes (ed)
A resource book prepared in consultation with UNICEF and WHO designed for all those who encourage schools to introduce health education and health promotion programmes, especially those which stress the involvement of children. Contains chapters on choosing content, methodology, health beyond the classroom, health services in school, planning, training and evaluation, together with a checklist for the health promoting school.
£3.50 PLUS POSTAGE & PACKING

Child-to-Child primary health readers

An important series of English readers graded in three levels. They can be used not only in English language lessons but also in the science, social studies, environmental science, home economics or health science curriculum. Each book has been written by an experienced educationalist in conjunction with a team of health and language specialists. Each deals with a different health topic.

<u>LEVEL 1</u>
Dirty Water
An imaginary story of how a young boy falls asleep and wakes up to find he is very small. His miniature size allows the authors to highlight some of the dangers found in and around water.
£1.80 PLUS POSTAGE & PACKING

Uncle George Feeds His Baby
Sam and Nana learn in school about the importance of good nutrition for healthy growth and development. They help to convince their Uncle George that good nutrition begins from birth with breastfeeding and continues with a mixed diet based on regularly eating a wide range of foods.
£1.80 PLUS POSTAGE & PACKING

Accidents
Shows how important it is to look out for 'accident places' in the house and outside, and the need to watch little children all the time. Encourages older children, both boys and girls, to help take responsibility for younger ones.
£1.80 PLUS POSTAGE & PACKING

Not Just a Cold
Andrew is left in charge of his baby sister. She develops pneumonia but fortunately Andrew knows the signs, so he makes sure she gets antibiotics and lives.
£1.80 PLUS POSTAGE & PACKING

The Market Dentist and Other Stories
Three humorous animal fables about Kalulu the Hare and his rival, Fisi the Hyena. The stories illustrate the importance of nutrition on good eyesight, the effects on teeth of eating too many sweets and sugary foods, and the importance of regular care of hair and teeth.
£1.80 PLUS POSTAGE & PACKING

LEVEL 2
Diseases Defeated
Primary school children in Uganda made up a play about a meeting of killer diseases, in which the main topic of discussion is how to combat the threat posed to the diseases by WHO, UNICEF and Child-to-Child. Their play, which positively promotes immunization, forms the basis of this reader.
£2.00 PLUS POSTAGE & PACKING

I Can Do It Too
Tells the stories of three children – Ali, Aminah and Peter – who have one thing in common: they all have a physical disability, which they learn to accommodate with the help and support of other children.
£2.00 PLUS POSTAGE & PACKING

Teaching Thomas
Samuel is given responsibility and rewards for helping his baby brother learn to walk, talk, count and play. The book encourages children to concern themselves with the development of their pre-school brothers and sisters and shows the importance of such help.
£2.00 PLUS POSTAGE & PACKING

A Simple Cure
Tells how 11-year-old Mary and her nine-year-old friend John cure Mary's small brother of diarrhoea by patiently giving him a very simple remedy – the 'Special Drink'.
£2.00 PLUS POSTAGE & PACKING

Down with Fever
Eleven-year-old Ruth saves the life of her little sister who has 'puffing fever' (pneumonia) by prompt action and careful nursing.
£2.00 PLUS POSTAGE & PACKING

Flies
Follows the fortunes of five evil spirits who have cooked up a recipe guaranteed to create trouble in the form of small, fast-breeding flies. They are defeated by clever children who have the power to destroy them by applying their knowledge of hygiene which they share with others.
£2.00 PLUS POSTAGE & PACKING

LEVEL 3
Who Killed Danny?
Tells the story of how a group of children, struggling to survive on the streets, investigate the tragic death of their friend Danny. It also tells what caused them to become street children.
£2.00 PLUS POSTAGE & PACKING

The Cholera Crisis
Tells how an outbreak of cholera turns into an epidemic. The children in the story often know more about cholera than the adults and through them we learn how an epidemic could have been prevented by good hygiene, adequate clean water supplies and proper nutrition. They also show how to recognize and treat the early symptoms of cholera.
£2.00 PLUS POSTAGE & PACKING

Freda Doesn't Get Pregnant
A 13-year-old girl thinks she is old enough to start a sexual relationship. The boy she has chosen is already a father, although he refuses to accept responsibility for his child. Freda's guardians are too busy to think about her welfare, and so it is left to her brother and sister to think about her future – a future that would be ruined if she became pregnant.
£2.00 PLUS POSTAGE & PACKING

Deadly Habits
The story of how Innocent – who is anything but innocent – comes to grief, and how Sampson – who is anything but strong – has a near brush with the law. It is told by Joe who at eleven is level-headed and quick-witted. His wry sense of humour permeates the serious health messages of the dangers of smoking, heavy drinking and casual sex.
£2.00 PLUS POSTAGE & PACKING

Five Friends of the Sun
When Tulio the farmer steps on a land mine, there is no one to see but the Sun. The Sun calls his friends who come to drink that evening at the dam where Tulio died: the tiny kangaroo rat, the hunting dog and her pack, the high-soaring vulture, the lazy lion and the great grey elephant. This story tells how the five friends of the Sun helped Tulio's children learn to survive in a land where mines lie buried; how they spread messages about the dangers of mines and the responsibility shared by all those who use them, and how they demonstrate children's power to safeguard others, raise mine awareness and lead us towards a future free from the fear of land mines.
£2.00 PLUS POSTAGE & PACKING

Child-to-Child readers: *Girl Child series*

This series of Child-to-Child Readers focuses on the rights of the girl child. The stories encourage children to reflect on the way that girls – and boys – are treated in their families and communities. While full of exciting adventure, these stories reveal the problems and discrimination faced by many girls. The stories show what girls can achieve if they are given the same opportunities and treatment as their brothers. The characters in these readers provide positive role models for both girls and boys, developing their confidence and self-esteem and demonstrating the importance of life skills, such as communication and critical thinking. A central theme for the series is the value of girls' education.

<u>**LEVEL 2**</u>
Two Girls and Their Dreams
Two cousins, Tisa and Nina, both have unconventional aspirations for their future. Through various dramatic events, the girls manage to convince their families that they can achieve their dreams. The story illustrates how education widens the options for women's employment and challenges conventional expectations of women's roles. The story also talks about caring for people living with AIDS.
£2.00 PLUS POSTAGE & PACKING

Can Betsy Stay At School?
Tells how Betsy has to stay at home to do the chores while her twin brother, Bob, remains in school. After several amusing episodes, the family finally realise that it is possible for Bob and Betsy to share the workload more equally at home and thereby

both stay at school. The story illustrates how boys as well as girls find it challenging to adapt their roles.
£2.00 PLUS POSTAGE & PACKING

<u>**LEVEL 3**</u>
To Have a Son Like You
In this story, Leonora is the third daughter to be born to her parents. Her father, who is deeply disappointed not to have a son, disappears and is presumed dead. Many years later, Leonora saves a man's life in a storm. He says he would be proud to have a daughter like her ... but who is this man? The story illustrates how boys and girls should be valued equally in the family.
£2.00 PLUS POSTAGE & PACKING

The Path of Peace
When Agnes' family flee from the violence in their village, Agnes also leaves behind her best friend, Effie. Two years later Agnes returns from the refugee camp to try and rebuild her life, and, she hopes, her friendship. This is a story about two girls who come from different sides of a communal divide. As they relate their tale, the girls demonstrate how it is possible to build peace between two families and two communities caught up in a wider conflict.
£2.00 PLUS POSTAGE & PACKING

Please send orders for all publications listed above to:
TALC
PO BOX 49
ST ALBANS
HERTS AL1 5TX, UK
Tel: +44(0)1727 853869/Fax: +44(0)1727 846852/E-mail:
talcuk@talcuk.org/Web:www.talcuk.org

POSTAGE & PACKING
<u>Add 20% to the total cost of the books for surface or UK mail (minimum postage charge £2.75) OR 40% for airmail (minimum postage charge £3.75)</u>

Payment methods: TALC accepts payment by *Visa or Mastercard *Sterling (UK£) cheque drawn on a UK bank *US$cheque drawn on a US bank, using the current rate of exchange (add $2 to cover exchange rates) *Eurocheque made out in Sterling (UK£) (NOT in local currency) *Bank transfer.
Please send payment with order and make all payments to TALC.

APPENDIX 4 – BERNARD VAN LEER FOUNDATION PUBLICATIONS

Periodical publications

Early Childhood Matters – Journal (English)
A journal about early childhood. It looks at experiences from early childhood projects, both inside and outside the Foundation network (three issues per year).

Espacio para la Infancia – Journal (Spanish)
EPI looks at experiences from early childhood projects – often in Spanish and Portuguese-speaking countries, both inside and outside the Foundation network.
ISSN 1566-6476 (Spanish)
EPI es una revista cuatrimestral, en español y portugués, que cubre temas relacionados con la primera infancia y su desarrollo. (Español)

Series

Early Childhood Development: Practice and Reflections Series (English)
Addresses issues of importance to practitioners, policy makers and academics concerned with meeting the educational and developmental needs of disadvantaged children in developing and industrial societies.

Working Papers in Early Childhood Development (English)
Background documents drawn from field experiences that reflect on 'work in progress'. The series acts as a forum for the exchange of ideas. The papers arise directly out of field work, evaluations and training experiences.

Training Manual

Training Manual (English) – only available from UNESCO
The activities described in this manual grew out of training events conducted within the Early Childhood Joint Training Initiative in Africa. Available from UNESCO Publishing, 7 place de Fontenoy, 75352 Paris 07 SP France, Fax: +33 1 456 857 37.

All other publications listed above can be downloaded in Word or PDF format from the Bernard van Leer Foundation website at www.bernardvanleer.org
Printed versions of English publications can be requested by email from pub-english@bvleerf.nl; and of Spanish publications from pub-spanish@bvleerf.nl
Or write to Bernard van Leer Foundation, PO Box 82334, 2508 EH The Hague, The Netherlands.

PLAYING WITH YOUNG CHILDREN 1

Playing with babies

THE IDEA

Warm and loving relationships are vital to a child's development. Holding, cuddling and talking to the baby helps her to grow and feel secure. In the first three months of life the baby is sleeping and feeding, close and warm next to her mother. This feeling of love and security is the basis for the baby's future physical, social and emotional development. Babies need to be stimulated and responded to from the time they are born. This can be done through play, sharing activities and talking, laughing and singing together. Older children can learn how to observe and listen to what babies and young children do. For example, if a baby makes a sound or gesture, they can repeat these back to the baby. This is how babies learn to communicate. It tells the baby that what she or he does is valued. Older children can learn about how babies and young children develop. They can learn how to play and respond to them in ways that help babies and young children to develop even better. However, it is important that older children are not burdened with adult responsibilities for caring for babies and younger children. Older children need time for play and their development must not be neglected. The activities in this sheet are appropriate for babies up to about 2 years old.

Understanding

Babies and young children learn through interacting with others. A baby who hears no language will not learn to talk. If a baby's sounds and actions are ignored she will not learn how to communicate effectively. A baby feels safe and valued if she is hugged, smiled at and shown love. A baby who is shouted at may become fearful and nervous and find it harder to learn new things. Babies like to watch things moving, like the shadow of a tree against the sun. Later they like to reach out to grab hair or pretty beads. When they can walk and run they also like to jump, skip and twist around. Games like hide and seek are fun for little ones. As soon as they begin to understand and use language they like to play games using words: *'Where's my nose?'* or *'Find the cup'*. We can encourage them to do all these things and more. Older children usually like to play with and help babies and younger children. They enjoy seeing how they respond and learning to do and say new things. They feel good when they see them smile and hear them laugh, especially if the older children understand more about how babies learn and develop.

All children – girls and boys – need the same opportunities for play and interaction with all family members and friends. Sometimes children with


disabilities are excluded from these activities. Stimulation and play and being included in all family activities can be even more important to children with disabilities than they are to their non-disabled peers. They may need extra stimulation to help to overcome difficulties in moving or hearing or seeing, for example.

Children play because it is fun, but play is also the key to their learning and development.

Playing helps children to:

- Look at things around them.
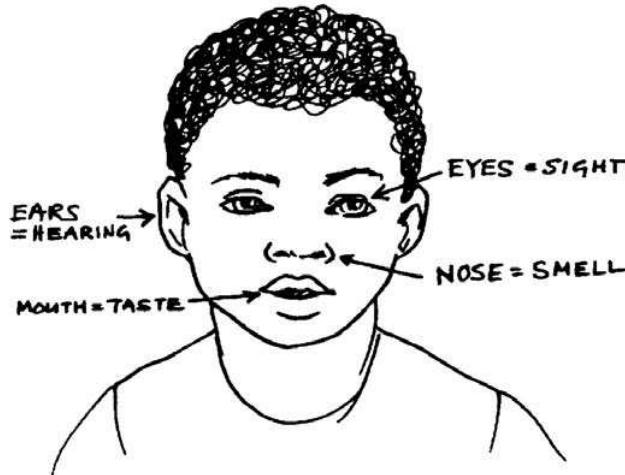
- Try out new actions and activities.
- Make their own experiments with their own hands, eyes and voices.

In this way they are always learning new skills, gaining confidence and finding out for themselves about new things, and learning how to:

- Use their bodies well.
- Use all five senses; seeing, hearing, tasting, smelling and touching.
- Understand and use language better.
- Think and solve problems.
- Use their imaginations.
- Relate to other people.

By watching and imitating others, young children learn how to do things together. If we set a good example to them, children learn to share and cooperate with others and make them happy. Children learn by copying what others *do*, not what others *tell them to do*.

Playing with babies as they grow

A baby's brain must grow and develop. A baby cow or sheep is born with its brain and limbs well developed so that it can stand and follow its mother a few hours after its birth. The human baby has a much larger brain but it is not fully developed at birth. It goes on growing, especially during the first two years of the baby's life. This is why these first two years are so important. After this time the brain grows more slowly. During these first two years

young children need food, love and stimulation to help their brains grow as fast and as well as possible.

Different kinds of play

All over the world families love and care for their children but unless babies are stimulated and responded to lovingly, something will be missing in their development. This is where older children can have an important role. It is not just babies and young children who learn from play. Older children learn by observing what babies do and by making toys and inventing games for them.

Everyday activities, such as helping to prepare food for the family, provide many opportunities for learning about colour, shape and how to sort, match, count and so on. Older children can help younger children select eating utensils or sort vegetables for cooking. A variety of simple materials for play that are suitable for the child's stage of development such as water, sand, cardboard boxes, wooden building blocks and pots and lids are just as good as toys bought from a shop. Older children need to know how babies develop and to help them and play with them in different ways at different ages.

Remember: Every child is different and babies and young children develop at different rates. Babies who have not had enough to eat or have been ill need extra help. Some children with disabilities may need extra support and encouragement and may not do some of the things that other babies and young children do at a similar age. They will learn to do many things, especially if their difficulties are recognized early in life and they are given appropriate support.

Playing with babies and young children

There are many things to do and games to play with young children at different ages and stages of development. In the **Planning and doing** section of this Activity Sheet there are suggestions for activities that babies will probably be able to do in the first two years of their lives. As the older child plays with babies she will learn what each baby likes and she will think of new ways to play with, and respond to, the individual baby.

142

Older children have needs too

Remember that older children need time to play and to develop new skills. An older child's development must not be sacrificed by being given too much responsibility for caring for younger brothers and sisters.

When babies are quiet

Often babies of all ages can be quiet. They may be sleepy or not very well. Play quietly with them; sing to them. They still need gentle play. (see Activity Sheet 1.2 **Playing with Young Children 2**).

Ideas for deepening understanding

Teachers and community workers can help groups of older children devise games and activities based on the knowledge they gain from playing with babies and young children.

- Children can tell, and then act, the stages they passed through from when they were very small until now.

 - First we … (smiled)
 - Then we … (sat up)
 - Then we …
 - Then we …

 Other children (and the teacher or community worker) can challenge the order or suggest what has been forgotten.

- Children can brainstorm and make a bubble picture showing what babies and young children need to help them develop well

Physical needs | Emotional needs

Food
shelter
clothes
water

love attention
cuddles
play
friends
fun

- Children can identify all the hazards in the picture and then describe how to make the room safe for babies and young children to play in.

Finding out more

Older children can find out more about babies by playing with them and observing what they can do. They can talk to local mothers and child minders and make notes about what babies eat and what they do at different stages.

They can talk to older people such as grandmothers. They can ask them about their experience of bringing up children and ask them to teach them their favourite songs and stories.

Carrying out surveys

School children in Mpika in Zambia carried out a survey of babies and very young children in their neighbourhood. They planned this in their English language lesson. As a follow-up to the survey they listed all the games and activities they played with younger brothers and sisters and what ones were considered the most fun. They did this second activity as part of a Zambian language lesson.

Planning and doing

Based on their observations children can plan and carry out activities at home, in school and as part of youth club activities.

Children can play with babies at **home**. They can help them to smile and laugh, to grasp and hold things, to hide and find things and to sit up and crawl and walk.

```
ALWAYS REMEMBER

Make sure all toys and games are safe
```

Early play activities

During the first three months of life babies develop very quickly. Older children can ask the mother if they can hold the baby and watch what the baby does. They can talk and sing softly to her. If a baby's cheek is gently rubbed she will turn her head towards the child. She will hold the child's finger if it is put in her hand. After about six weeks she may begin to smile. She may turn her head to look at a bright object like a flower or a spoon if it is moved in front of her face. As she grows the baby will begin to show how much she enjoys being played with. She will smile or make happy noises and often stop crying if she is talked or sung to.

Here are some other things older children can do with and for the baby. Children will have many more ideas of their own. These are the sorts of activities that most babies will enjoy in the first two years of their lives.

- Children can tie or hang objects like spoons close to where the baby lies so that she can reach and hold on to them.
- They can make a sound with a spoon and a tin, or clap hands so that the baby will look to see where the sound comes from.
- They can cut a smooth ring out of bamboo. Let the baby reach for it and take it to her mouth. Make sure it is clean and that there are no splinters or insects on it.
- They can find a smooth object and give it to her. They can notice if she drops the first object when offered a second one. If the baby with a disability cannot take the object, children can put it into her hand.
- They can sing to her and rock and move the baby about to the rhythm of a song.
- They can make up games that make her smile and coo. These baby sounds are the beginnings of speech. Children can learn that it is important to wait for the baby to make sounds and repeat these sounds back to her.
- They can carry her about and tell her the names of objects. Even if a baby does not respond to this kind of stimulation because she may have a disability it is important to continue talking and singing to her.
- If one child is carrying a baby on his back, others can play with the baby and make her laugh.

Later play activities

- Later on the baby will want to sit up. If the child has disabilities that make moving difficult, older children can help her to sit up for games and give her support if needed. They can call her name from different places and see if she turns her head to find them.
- They can encourage the baby to hold her arms out to another child. If she cannot do this, one child can hold the baby's arms out to the other.
- A child can put a cloth over his head and encourage the baby to pull it off.
- Children can teach the baby to drink clean water from a clean cup.
- They can give her smooth objects and encourage her to give them back and to pass them from one hand to another.
- They can give her a tin or a block. She will enjoy throwing it on the floor and looking for it. She will like doing this again and again.
- They can play games with the baby's fingers and toes.
- As the baby grows, older children can play games to encourage her to crawl, stand and walk. For example, they can pretend to be a mother animal and the baby is the small animal. They can hold her hand and take her for a walk. They can show her things and talk about them. If the baby cannot move without help because of a disability, two children can support her to

crawl with a band of cloth around her waist and use this to lift her onto her hands and knees. Another child can encourage her to crawl by holding out a toy or some fruit.

- They can encourage her to clap her hands and wave 'Good-bye'.
- They can hand her objects to hold between her finger and thumb. They can help her to hold and feel things if she finds this difficult.
- By now, the baby may like throwing things as well as dropping them. Children can make her a soft ball to throw.
- They can give her two objects and hold two more. They bang their objects together and see if the baby can copy them.
- They can give her a box and things of different sizes to put in and take out.
- They can hide something under a cup or piece of cloth as she watches and see if she can find it.
- They can make a doll and tell the baby stories about it.
- They can tell her stories and sing songs with actions.
- When the baby can walk, older children can see if she can walk a few steps backwards. She will learn to climb up steps but will need help getting down. At first she will come down backwards.
- They can make a toy on wheels that the baby can push as she walks, like a box on wheels with a handle.
- Children can do drawings in the sand or mud with a stick or a finger and see if the baby can copy them.
- They can encourage her to feed herself.
- They can encourage her to fetch things and take them to her mother. This shows how much she understands.
- They can encourage her to name things around the home.
- They can walk around the place where they live and name the things they see. When they show the baby an animal, they can make the sound the animal makes and ask her to repeat the sounds.
- They can show the baby that they are pleased when she tries to do and say new things. They can praise her with words and by smiling, patting or hugging her.

Toys for very small babies
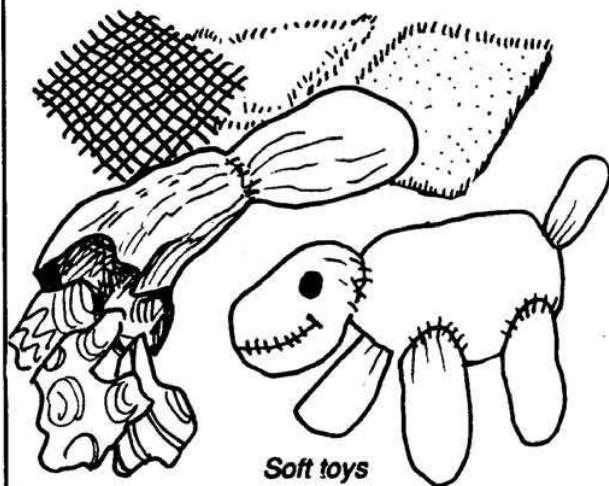
Soft toys
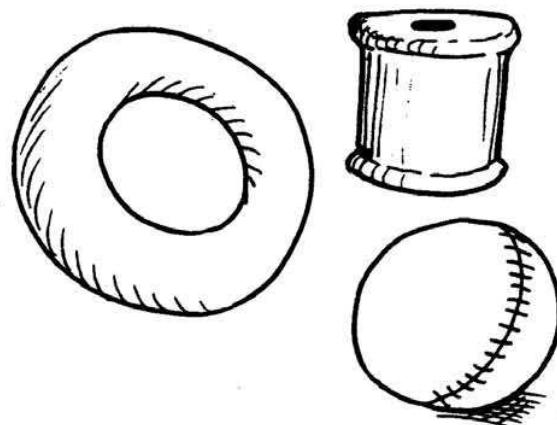
Shapes
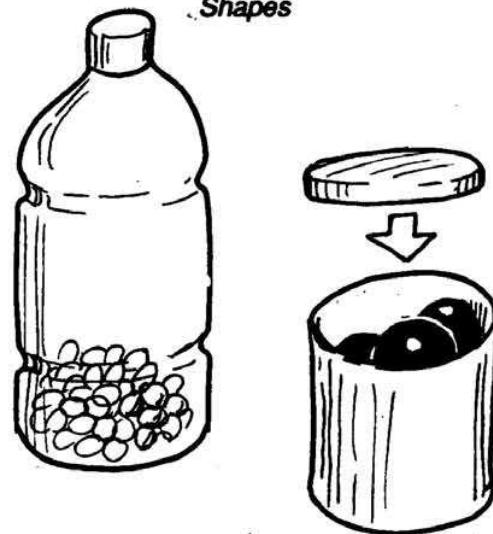
Rattles

WARNING: All babies put things in their mouths. Be careful what you give them.

(The **Child-to-Child Reader 'Teaching Thomas'** has ideas for toys and games made by Samuel for his younger brother Thomas.)

In **school**, children can:

- Design toys in mathematics lessons.
- Make toys in handicraft lessons.
- Write about younger brothers and sisters in language lessons.
- Make an illustrated class book of games for babies.
- Study child development in science lessons.

Groups of schools can organize toy competitions with special sections devoted to toys for very young children. There could be prizes for different sections, for example:

- Mobiles.
- Rattles and other instruments.
- Building blocks.
- Dolls and animals.
- Picture books.

Making a record

If there is a new baby in the neighbourhood, children can make a record of the baby's first 15 months of life.

Take a sheet of paper. Put the baby's name and the date he was born at the top. Mark the sheet into 24 sections down the page as is partly shown in the diagram.

Toy-making workshops

Toy-making workshops were organized in a refugee camp for the Afghan people living in Pakistan. Older children, helped by parents, used simple odds and ends of cloth, paper, wood and other material, donated by local shopkeepers. Children made a whole range of toys and games such as mobiles, rattles and soft toys for babies, puzzles, hoops and rollers for toddlers, and picture books and word and counting games for older children. Through making toys, older children developed their design and craft skills. They also became aware of how the younger ones develop and how toys can help them to develop better.

The sections down are the months 1 – 24.
Label the section 1 month, 2 months, 3 months, 4 months, 5 months etc. up to 24 months in the left hand side.
Each month ask the baby's mother what the baby is doing and record this in the chart.

For example:
In month 2 he smiled at me.
In month 4 he first lifted his head to look.
In month 9 he said 'Mama'.

The chart can be decorated around the edges and be displayed at home or at school.

Baby's Development Card

Name of Baby:
Date of birth:

Month	Week 1	Week 2	Week 3	Week 4
January	Baby turns eyes when I clap	Grasps wooden brick	Finds his mouth with his thumb	
February		Baby takes bamboo ring to his mouth		
March	Baby drops a brick and takes a second one		Baby makes cooing sounds	

Discussing the results of activities

After doing these activities children ask each other questions such as:

- *Are we playing with our baby more? Differently?*
- *Who talks to the baby now? Is there a change?*
- *What toys have we made? What are children's favourite toys?*
- *What games have we played?*
- *Are play areas well organized, safe, clean and tidy?*

Doing it better

This is an ongoing process. There may be activities that the teacher or community worker or the children themselves feel need repeating in order to improve their own understanding and skills and those of other people in the community. There may be mistakes that need correcting or written materials that need rewriting to make the messages clearer. It is important that time is spent doing this. Other issues, problems or anxieties may have come up that the adults need to explore further with the children. New topics can be discussed and selected with children at this stage.

USING THIS SHEET

Teachers can develop these activities in health, language, science, mathematics and other lessons and by their own example as parents.

Teachers in colleges and in in-service training can learn about the importance of play and make and record observations on individual children of their own or in the community. Colleges can have a special place where mothers can work and bring their young babies to play. Students can work and play with them.

Health workers can work with schools and youth groups.

Women's groups and mothers' groups can spread the message and develop toys.

Non-formal teachers in **religious groups** and **parents' classes** can spread the ideas.

Curriculum workers can ensure that this vital knowledge is incorporated in school programmes.

A Childhood for Every Child

A workshop on play was held in Lebanon for mothers and children.
This is what two of the mothers said.

'I have a five-year-old daughter who is disabled and now I know how important it is to play with her. At home, we have a corner where we both play.'

'I have a small child who does not speak, but the children now not only look after her but have helped her to communicate better.'

This sheet can be used together with **Playing with Young Children 2:** *Play for pre-school children*. It is about stimulating children, but remember that good food is also important, see the activity sheets on nutrition (2.1, 2.2, 2.3 and 2.4).

For further information, please contact:
Child-to-Child Trust,
Institute of Education, 20 Bedford Way, London WC1H 0AL, UK.

PLAYING WITH YOUNG CHILDREN 2

THE IDEA

As children grow they need many types of activities to develop their senses and to help their bodies develop well. Older children can help to make everyday activities – going to the market, preparing food – fun and interesting for young children. These are opportunities for imaginative play and for learning about many things such as colours and shapes and how to sort, match, weigh and count things. Excellent playthings can be found in the community and made with materials that cost nothing. Listening to and responding to young children is one of the most important things that adults and older children can do. When we do this well children learn that what they say and do is important. This makes them feel good about themselves and gives them the confidence to try new things.

Priya and her younger brother Suresh are using weights to 'buy' potatoes. Priya and Suresh choose and discard stones to carefully create a balance for a tower of potatoes. Carefully Priya guides Suresh – helping to select stones, helping him to learn about shape, what will stack, and about heavy and heaviest.

Understanding

Growing children need to use their bodies. They need to communicate with others so that their own language skills develop. They need to have a variety of experiences to help them understand their world and know how to solve problems as they arise. They need to be listened to, responded to, loved and praised.

Children often need to create their own play, as well as to copy what others do. They need to try out new things and to imagine different situations. Older children can help younger children to develop by being there to play with them, to listen to them and to support them when they try out new activities.

All communities are rich in materials for play activities. Children are very good at finding playthings and thinking of new ways to play with them. Older children can support this by

collecting together different ideas and materials that could be used for making toys and playthings. Together they can talk about and share ideas for things to do with their younger brothers and sisters.

Safety in play

Older children should make sure that play materials for young children are safe. They must avoid:
- Things with sharp edges.
- Small pieces that young children could swallow or put in their noses or ears.
- Plastic bags that can suffocate little children.

When young children play out of doors it is important to check that places where they run and climb are safe and that they do not risk running into a road or falling in water.

When children are sick
When children are sick, play can make them feel happier and more secure.

Remember: when children are sick they may want to play games and use toys that they played with when they were younger. They will probably enjoy hearing stories and having songs sung to them.

Finding out more
Children can find out many things in their community.
For example, they can:
- Conduct a survey of games that their younger brothers and sisters like to play.
- See what toys are made locally.
- Learn the songs, stories and games that their grandparents knew and played when they were young.
- Devise a questionnaire to ask their parents, nursery school teachers, schoolteachers and other people in the neighbourhood about play activities.
- Check if the places where children play are safe – both inside and outside the home.

Grandmothers tell good stories

In a remote mountainous area grandmothers are renowned storytellers. One grandmother made a little donkey out of straw that carries all the household goods on its back. She uses the donkey to tell stories of how her people move from one place to another, building their homesteads. She describes all the important items they must take with them – cooking pots, rope to tie the animals, poles to build a home and so on. Children love to listen to her and tell other children about her stories.

Planning and Doing
Based on what they found out children can plan activities with their teachers or other responsible adults.
For example:
- They may plan to make a play area for younger children in their school or clinic and collect and make appropriate play materials for this.
- They may plan a campaign for better play areas on the local radio.
- They may decide to write articles for the local paper or magazines on the importance of play.
- They may decide to collect play materials and ideas for toys and games.

Older children can organize play activities with younger children in different settings and collect play materials and ideas from many people and places in the community. This could be as part of school or youth group activities or with their own families and neighbours' children.
Here are some suggestions for **games** and **play activities**, where to **collect materials** for toys and games and how to **organize play activities** and how to **organize** and **store play materials**.

Activities for younger children
Children will know many traditional songs and games. They can be encouraged to play these. Some children with disabilities may need extra help to take part in play activities. Older children can help to make sure that they are included.

Water, sand and mud
Children will play for hours with water and sand, especially if they have a few materials like plastic bottles, different sized tins, gourds and calabashes to make the play more interesting. Holes can be put in these containers. Thin bamboo, banana stems or hollow reeds make good pipes and gutters. They can be used with soap and water for blowing bubbles. Tins, seedpods and pieces of wood make boats. Children can experiment to see what things float and what sink. Older children can find play materials and encourage little children to notice new things and talk about what they are doing.

Building games

Maize cobs, matchboxes, scraps of wood and cardboard can be used by children for building. Soft pith from palm fronds, grass stalks and banana leaves can be used for making and building things. Sisal, bark and other materials can be used for weaving. Children can find other materials for building and weaving.

Sorting things

Young children like to sort things. There are many different kinds of things to play with and sort, such as flowers and fruit with different colours and smells, scraps of cloth that look and feel different, dull things and shiny things, big things and small things. Many of these activities can be incorporated into the everyday routine of the household – sorting vegetables for size, finding the correct eating utensils and so on.

Using the senses

Children's sense of touch, smell, taste and hearing can be stimulated in play activities and in routine activities such as during mealtimes and when preparing food. Games can be played with scraps of cloth, shells or stones put into bags for little children to identify by feel. Scraps of soap, onion, flowers or anything else with a strong smell can be wrapped in paper with tiny holes in it. Children can guess what it is by smell. Other things can be put into tins to identify by sound when the tin is shaken. This could be especially good fun for children who have difficulty in seeing.

Pretend games

Children love to pretend that they are mother, father or teacher. Adults or older children could supply them with materials to make these games more interesting, like things for making a house, preparing food, making dolls, playing at shopping or going to market and dressing-up clothes. Children only need a little help to dress up. Paper, leaves, sticks and bits of cloth can easily be used to make hats, dresses and other pretend clothes.

Making and using books

Older children can make story and picture books for younger children. Little children love to hear stories about themselves. They enjoy the excitement of turning the page to see what will happen next in the story. They also enjoy the repetition of well-loved familiar stories. Reading stories to children helps to expand their vocabulary and models correct use of language.

Active play

As soon as they can walk and run, children love to practise using their bodies. Older children can help them to run and jump, throw and catch, skip, climb and slide. When younger children can throw a little, older children can make or find things for them to aim at. They can learn to throw things into a box or knock down a can or stick. Older children can help children who have difficulties grasping and holding objects to throw things.

Drawing and painting

Most children love to draw and paint. Scrap paper, cardboard and newspapers can be used to paint and draw on. Paints can be made from inks, dyes or local plants. Brushes can be made from chewed sticks. Glue can be made from flour and a little water.

Talking and listening

Children can learn so much by being talked to and by being listened to. Listening to children is one of the most important things that we can do to help their development. Older children can collect stories, songs and riddles for younger children. They can find opportunities to encourage the younger children to talk for themselves. Through stories, songs and play they can introduce ideas like 'bigger than, smaller than, the same as, smoother, rougher and heavier'. Younger children will grow in confidence if they are listened to and their ideas are valued. It is important to try to answer their many questions.

Activities as children grow older

As children grow they will become more adventurous. Later, given the opportunity, they will begin to learn to count and take an interest in reading and writing.

Adventure games

Young children need to be very active. They like to run around and play games like tag. Fallen trees and steep banks are good places to climb and slide down. Simple swings can be made with rope

and old tyres, which are also good to roll and climb through. A child with difficulties in moving will enjoy the experience of being in a swing or hammock. Children could get help to make a cart with wheels to ensure that children who cannot walk because of a disability can explore with other children. Large stones can be placed so that children have to take giant steps from one to the other. A line on the ground (marked with a stick, drawn with chalk or indicated by a long creeper) is good for balancing along.

Learning what adults do

Young children will enjoy a visit to a workshop, a bakery, or other places where they can see work being done by adults. Adults and older children can encourage children to talk about what they have seen.

Playing with the sun

Children can play tag with their shadows. They can draw round each other's shadows in the dust, or make a shadow of their finger to point at stones. Children can play games with mirrors or shiny pieces of tin. Younger children cannot make these on their own. Older children can help and teach them how to control them.

Music

Music can be used in many ways. Children can be active while music is playing or drums are being beaten, and stop when the music stops. This teaches them to listen carefully.

Musical instruments can be made out of reeds and gourds. Children can clap their hands, sing, beat on tins or plastic tubs for drums, or shake gourds or plastic bottles with seeds in them.

Older children can make instruments for little children to play. They can notch a length of wood with a file and rub a stick along it to make a rhythmic noise. They can line up a row of tins or bottles with a different quantity of water in each and listen to which one makes the lowest and highest sound. Wrapping string or rubber tightly around a container with an open end, or piece of wood with another piece on top can create plucking instruments.

Collecting play materials

These are some examples of things to collect and where to find them. Children will think of many more.
**At home*:* sand, gourds, tins and boxes.
From shops: scraps of cloth, packing material, bottle tops, cartons and paper.
In the community: cornstalks, stones, clay, grasses, seedpods, and dye from local plants.
From local craftsmen and women: scraps of cloth, wood, metal and leather.
From local musicians: materials and advice for making simple musical instruments.
From older people: local traditional stories, songs, dances and games.
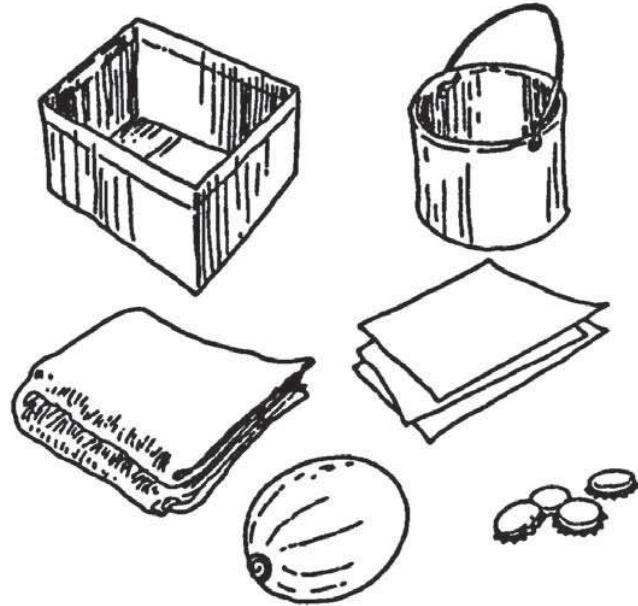

Making play materials

At school time can be made available for older children to make play materials for young ones. Here are some examples:
Art and craft lessons: children make toys like cars, dolls and models; games equipment like balls, hoops and ropes; paints and brushes for making pictures; puppets; instruments like drums and rattles; building blocks.
Language lessons: children can design books with stories and pictures, posters and charts.
Music lessons: children can collect songs and singing games.
Maths and science lessons: children can make puzzles, shapes and dominoes and games such as snakes and ladders and ludo.
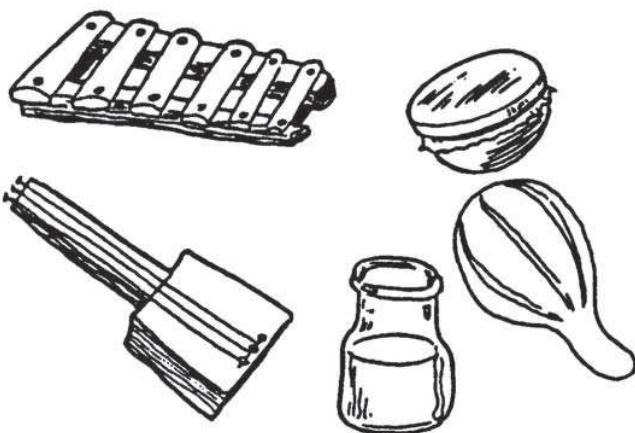
Organizing play

In school older children can set up play areas, and organize and help to care for materials for younger classes (see Activity Sheet 1.5 **A Place to Play** for more ideas on this).

At home older children can help by talking about play activities with their mothers and fathers. They could make a special box for babies' and young children's play materials.

In creches and nursery groups, older children can learn from the teacher. They can make materials for the little children and play with them.

At clinics and other meeting places they can organize play materials for younger children attending with their parents.

In Zambia teachers introduced **child development** as a topic and taught it over a range of subjects, including in English language and Zambian language lessons. As part of their work, children collected local games. They modified a traditional circle singing game to help younger children learn letters and numbers whilst playing.

Sometimes a school or a class may agree to set aside a day or two in school time – perhaps when examinations are being marked or during a holiday – for a 'toy and game-making workshop.'

Health into Mathematics (available from Teaching-aids At Low Cost) has a whole section on making toys and games that involve many mathematical skills such as accuracy and measurement. Remember that making and creating toys and games for others helps the child who makes them as much as it does the child who plays with them.

In Gujarat, India, older children in 'Child-to-Child groups' run resource centres in school premises where children of all ages come to play. The older children look after the play materials and make sure that they are kept in good condition. Especially popular is *carrom*, a board game widely played in the Indian subcontinent.

Organizing play materials

Play materials that have been collected need to be stored and cared for. Maybe a special place for children's play materials such as a special box can be set aside in the home, at school and at the clinic. Older children can help to care for children's play areas in these places.

Activities for preparing children for school

All of the activities in this Activity Sheet and Activity Sheet 1.1 **Playing with Babies** help children to learn. They lay the foundations for the more formal learning that children will experience once they start school. Before going to school, it is more important for little children to have opportunities to play and enjoy a variety of experiences than to do more formal 'school-type' activities. Older children can take their cues from the younger child. Counting fingers and toes, rhymes and songs that use numbers and letters, and looking at books together can help to introduce more formal concepts in a way that is fun. Some children will want to learn about letters and numbers around five years of age. Other children will not be interested until they are a year or two older. It is usual in many countries to wait until children are in their seventh year before starting to teach reading, writing and mathematics in a more formal way.

Discussing the results of activities

After doing these activities children ask each other questions such as:

- *Are we playing with younger children more? Differently?*
- *Has this made a difference to the younger children? Are they talking and doing more? Are they more adventurous?*
- *What skills did we help the little children to learn better?*
- *What play materials have we made? What are children's favourite toys?*
- *What games have we played? Have we changed games or invented new ones that are more fun?*
- *What songs and stories have we learnt? Which ones did the little children like best?*
- *Are we really listening to what the younger children like to do?*
- *Have we set up new play areas in the school and community?*
- *Are they well used? Are they well organized, safe, clean and tidy?*
- *Are there some older children who are at home all the time?*
- *Why do they stay at home? Would they enjoy and learn from play activities?*

Doing it better

This is an ongoing process. There may be activities that the teacher, youth leader, health worker or the children themselves feel need repeating in order to improve their own understanding and skills towards other people in the community. There may be mistakes that need correcting or written materials that need rewriting to make the messages clearer.

It is important that time is spent doing this. Other issues, problems or anxieties may have come up that the adults need to explore further with the children. New topics can be discussed and selected with children at this stage.

USING THIS SHEET

Mothers and fathers will be especially interested in how to play with, and respond to, young children in ways that help them to develop better. Older children can share their experience of play with them. Many other people can help.

Schoolteachers can introduce ideas on child development in the curriculum, carry out school projects and help to raise money for play activities.

Head teachers can make time and space available at school for play activities for younger pupils and pre-school groups.

Health workers on home visits and in clinics can explain the importance of talking to and responding lovingly to babies and young children.

Pre-school leaders can use and demonstrate better play ideas in their own programmes.

Youth leaders and community workers can help older children to organize play activities for younger children.

Local papers, magazines and radio can broadcast and publish children's ideas on helping babies and young children develop through play and loving and responsive relationships.

Women's groups, religious groups and political and cultural organizations can take up these ideas and promote them at their meetings.

Most important of all, older children can help by playing with, listening and responding to younger children. They can make toys, books, learn new games and have fun with young children and know that by doing this they are making a real difference to the younger ones' health and development.

Child-headed Households

In many communities affected by HIV/AIDS, children are living alone, when their parents have died. In Uganda, a local NGO is helping older children to cope with looking after their younger brothers and sisters. As well as receiving practical support, the older children also learn about how younger children need time for play. One older girl said that she used to make her younger sister work very hard, but now she realizes that the little girl needs time to play with her friends. The little girl is much happier now – and this makes her older sister feel better too.

This sheet should be used together with **Playing with Young Children 1: *Playing with babies***, which talks about why babies need to play to help their bodies develop, and how older children can help.

For further information, please contact:
Child-to-Child Trust,
Institute of Education, 20 Bedford Way, London WC1H 0AL, UK.

UNDERSTANDING CHILDREN'S FEELINGS

THE IDEA

Children need good food and shelter but they have other different needs. These needs are to do with their feelings. Feelings may be hard to understand because we cannot see or hear them. Children may find it difficult to talk about feelings and adults may not find the time to listen to children. Adults need to recognize the importance of listening to children so that children know that what they think and feel is valued. If children can begin to understand some of their feelings, they can grow up well and help others to do the same.

Sadly, many children have very difficult lives as a result of illness, disability, domestic violence, war, poverty, famine, droughts or floods. Millions of children are now affected by HIV/AIDS. Children who have lost their parents to HIV/AIDS are one such vulnerable group. You can imagine how feelings of grief, loneliness and guilt, and the stigma attached to HIV/AIDS could overwhelm a child.

Some children seem to cope quite well with great difficulties while others are overwhelmed by them. A child's ability to cope has much to do with their resilience – that is, their ability to 'bounce back' after a stressful event. We believe that children can become more resilient if they believe that they are able to take some control over their lives. Child-to-Child activities can help children to feel that they are able to take control over some areas of their lives. The activities can help to develop children's ability to express their feelings and ideas, to solve problems and understand other children's feelings better.

Children support each other

Children often know best what other children need when they are upset. Child-to-Child Uganda works in primary schools promoting the principle of children helping and supporting each other. Children have formed clubs where they share problems and work together to find solutions. They also learn to communicate their emotions and fears and to develop a deep understanding for each other's feelings. Child-to-Child gives children a sense of self-esteem because they are able to contribute to others' well-being. In some cases children are 'twinned', that is they are paired with another child, so that they can support each other (see below for more about twinning).

Understanding

Stories can help children to understand their own feelings and the feelings of other children.

A story about feelings

John woke up one morning crying. Mary heard him, woke up and ran to him. She picked him up and found he had wet himself. She changed his clothes and hugged him. He laughed and began to make happy noises.

157
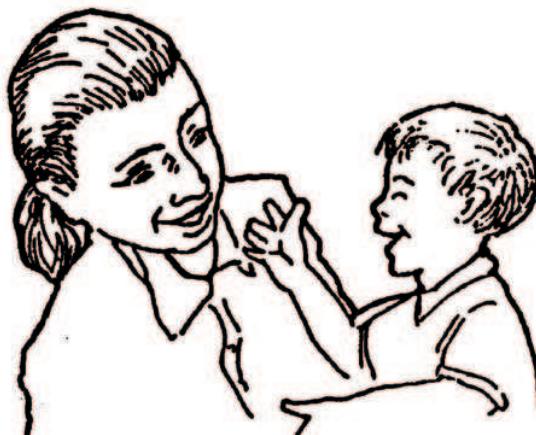
After helping her mother, Mary went to school. After lessons she went out to play. One girl had a ball and they all played except Anne. She refused to play and stood in a corner. Then she caught the ball and would not give it back. Some children began to punch and kick her so that she began to cry. The teacher came out. She sent the other children away and explained to Anne that she must give the ball back to the other children. Mary took Anne's hand to show she was her friend. Then Anne felt happier and played with the others.
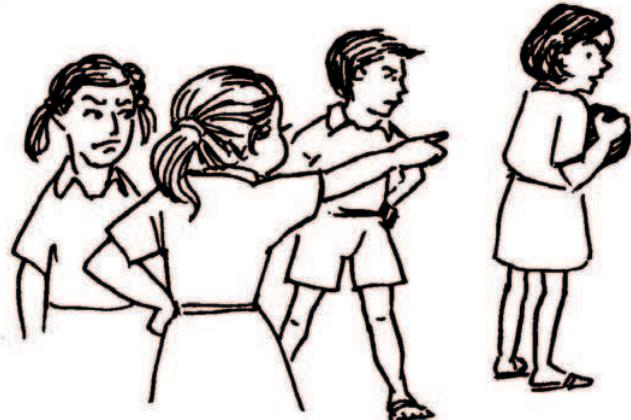
As the children were walking home they saw a dirty boy with uncut hair. The children called him names and laughed at him. An older boy came along and saw that the little boy was hurt and crying. He took the little boy's hand and asked him where he came from. The poor boy said he had no parents. The people he lived with were cruel to him. The older boy said he would try to help him. The other children were ashamed because they had been cruel.
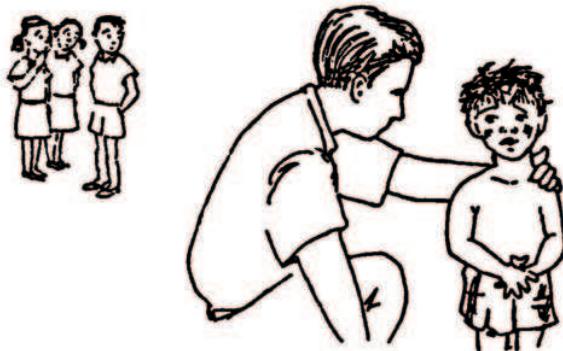
Mary wanted to tell her mother about the dirty child when she got home. Her mother was tired and told her to go away. Mary began to cry. Her baby brother John came to her and put his arms around her, so Mary picked him up and went outside. She forgot about herself and played with him.
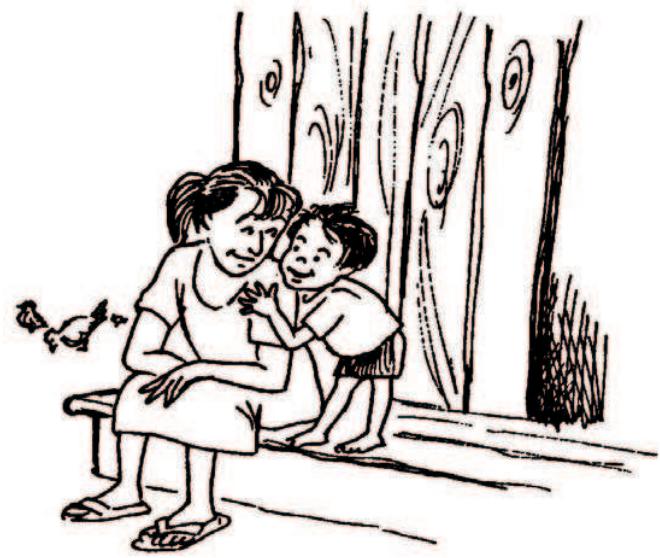
Then Mary's mother called her. She left John and he ran after a butterfly. John saw that he was alone. He began to cry and call for his sister. Mary came back. She picked him up and showed him some chickens. John forgot his tears and chased the chickens away from the food pot.

A story like this shows feelings of children in everyday, natural situations. It helps to show:

- **Feelings themselves like love, fear, and happiness.**

- **Signs of feelings like laughing (happiness), crying (fear), shouting (anger).**

- **Causes of feelings, like cruelty, love.**

- **How children can understand and help and help other children to cope with fear or unhappiness.**

Children who are orphaned as a result of HIV/AIDS

Some children are taken in by their extended families when their parents die but they may not be treated well by their relatives, like the little boy in the story. Some orphans are isolated from the other family members because it is believed, often wrongly, that they are infectious. Even if the children are living with HIV, they can live safely with their family and friends without passing on the virus. As HIV/AIDS affects more and more families children are often found living on their own or with elderly grandparents, or looking after younger brothers and sisters. Households headed by children have become common in many parts of Africa, putting these children at even higher risk of exploitation and increasing poverty. There is an urgent need to find ways to support these children and rescue their childhoods.

Our feelings

There are **many different feelings**. All children experience feelings. Even when they are very young children have many different feelings. These feelings grow and change as the child grows.
At first a child feels content and secure close to his mother. She feeds him, keeps him warm and protects him. Sometimes he is happy, content and trusting. At other times he is unhappy, afraid or angry. As he grows older his feelings are shared with other people. He can learn to recognize and understand feelings that he and other children experience.

Children can experience **different feelings in different situations**. For example when a child is **alone** he may be afraid or he could just be curious. Children also experience feelings when they are with **other people**. When a mother is annoyed with her children for breaking something she has told them not to touch, they can be afraid, unhappy, guilty or resentful.

Different children can have **different feelings**. The same event can make one child happy and another child fearful. For example, some children love to play with animals while others run away in fear. Some children take no notice because they have no interest in animals.

Signs of feelings

Often young children cannot tell us what they feel. We can try to understand their feelings from the signs they show. The way a child behaves can give us clues to what he is feeling. For example, a child who seems selfish, angry and unfriendly may be unhappy because he does not get enough attention or because he needs affection.
Sometimes one sign can mean many things. For example, a child who laughs may be happy. Or he may be embarrassed or nervous or surprised. A child who cries may be angry, or afraid or frustrated.
Children can be helped to notice signs of feelings in themselves and other children. By understanding feelings they can help themselves and are better able to comfort their brothers and sisters and friends.

What causes feelings?

Everything in everyday life causes some feeling. Sometimes children can tell what causes their feelings. For example, a child can say he is happy because he has been given something tasty to eat.

But very often children do not know what makes them have their feelings. The causes of feelings can be many and not very clear. For example, if you ask children why they are crying, sometimes they will tell you that it is because another child has taken their toy or because their mother has scolded them. But children are often not sure why they feel the way they do. Children can be destructive, for example breaking plants, throwing stones or killing small animals. If you ask them why, they will not be able to tell you. Perhaps it is because they are unhappy because their father has sent them out of the house. Perhaps they are hurting something because someone has hurt them. Perhaps they are afraid because their parents are sick. Activities such as putting together a memory box with their parents who are dying may help children to better understand and deal with their feelings.

Understanding and helping

If children begin to notice feelings and take an interest in them, they may learn about them in themselves and other people. This will help them to develop as individuals and as members of their community. Children learn to understand themselves and others through living in their own homes with their own families. They imitate and copy people around them before they even know what they are doing. For example, a girl is more likely to shout at her brother if her parents often shout at her or each other.

Making a memory box

A memory box holds special items put together by a parent to leave behind for the children after his or her death. Parents and children can collect items for the box together. The box can be any box – a shoe box, for example – what is important is what goes inside it. A memory box (or book) helps children to come to terms with the loss of a loved one. Helping to put the box together strengthens the children's resilience – their ability to cope with loss. The children can go to the box and read a letter over and over again. They can look at photographs and think about the message that was left behind. It shows the children that their parent loved them very much and cared enough to leave something precious and valuable for the child. Knowing about the family history helps the child to identify with her roots and helps to make her feel that she belongs.
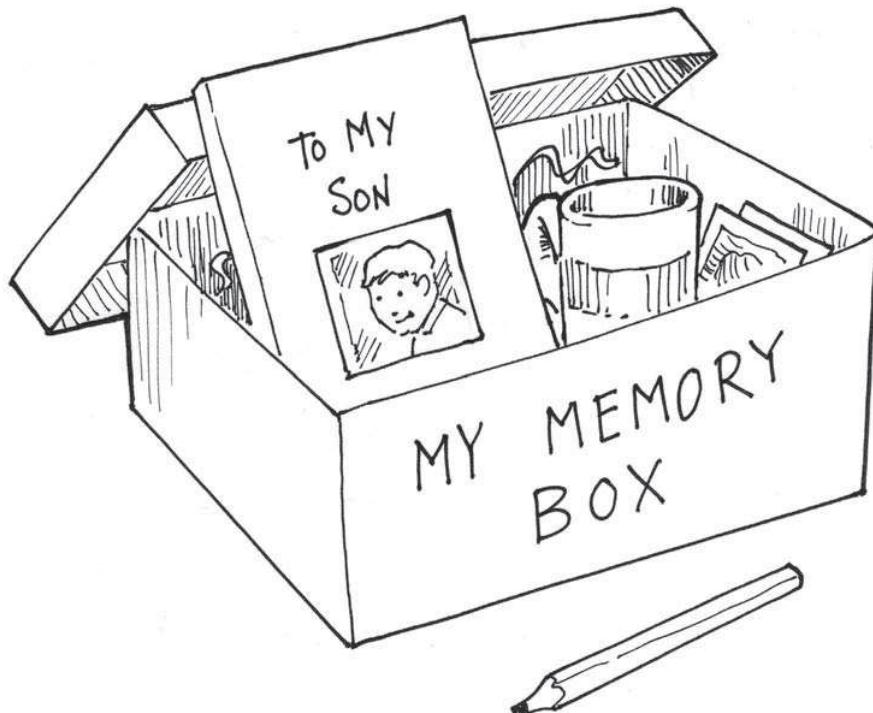
Understanding the feelings of children with disabilities

In many cultures children with disabilities are shunned and excluded from everyday experiences such as going to school or joining in local festivals or events such as weddings. A Child-to-Child programme in Zambia is working to include these children in every aspect of community life. The biggest barriers to overcome are prejudice and negative attitudes. Much of the programme's work is to change negative attitudes. Experience shows children are often more caring and sensitive to feelings than some adults. For example, children were annoyed at teachers who visited their school to witness inclusive education in practice. *'We were very upset during the lesson because some of the teachers were laughing at our friend. We don't want them to visit again. We know that he sometimes makes mistakes but we all make mistakes, don't we?'*

*(See activity sheets 5.1, 5.2 and 5.3 for more information and ideas about children with disabilities.)*

For more information on inclusive education and Child-to-Child, contact the Child-to-Child Trust.

Giving comfort

In some situations children help one another even better than grown-ups. If the child understands that another child who seems 'naughty' or 'bad' may have feelings of fear and pain, or may need affection or company, he can sympathize or understand his feelings. He can give the child comfort and friendship.

Children often pick up their brother or sister, or come close to them and put their arms around them to carry and talk to them. These are different ways of comforting, of showing understanding and of helping. Comfort can also be given with words of kindness, praise and affection. Another way to comfort is to make younger children forget their anxiety (unhappiness, worry) by showing them something different. In this way the younger child will think of something else. If a child is crying, the older child can say, *'Look at that bird over there.'* or *'Come with me and I'll show you a new game.'*
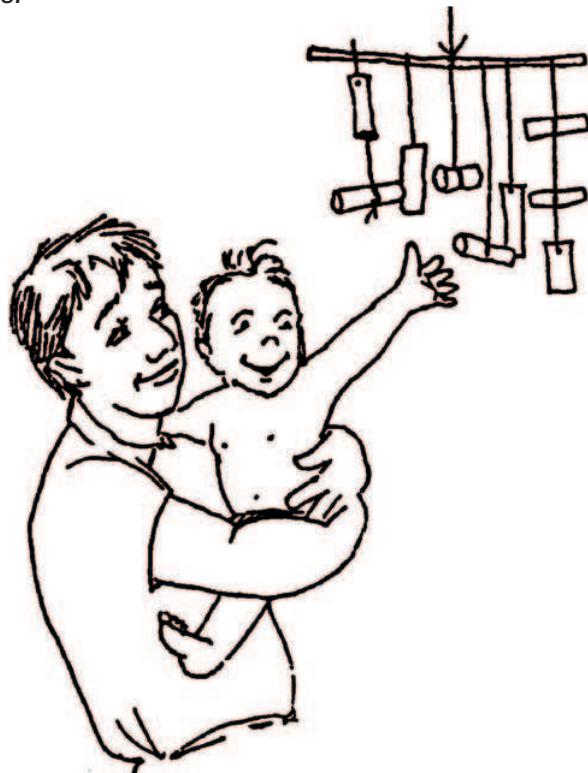
Understanding differences in feelings

Children can also try to understand differences in people's feelings. People and children are not all the same and do not all have the same feelings. Each person, each child, is different.

If a child has a different feeling, it does not mean that he or she is wrong or bad but only that they are different. Children should be encouraged to understand and accept differences. For example, if a little girl is afraid of the dark, an older child who is not must not laugh at her or tease her or make her more frightened. **He must try to understand and to help her to understand why she does not need to be afraid.**

Finding out more

With sensitive adult support children can find out more about other children in their community who may be having a difficult time. For example, some children with disabilities may not have the same opportunities, such as going to school, as other children. Some children may be orphaned or looking after a sick parent. Increasingly in parts of Africa, for example, older children have the sole responsibility for bringing up their younger brothers and sisters. Other children may be living and working on the street.

Planning and doing

Children and adults can discuss what they have found out. If they have visited children who do not go to school, for example, they can discuss how to communicate in a positive and helpful way.

Role-play can help children to practise how to communicate with others and share their ideas. They can **make up stories** like the one at the beginning of this Activity Sheet to explain feelings, possible causes and the signs of different feelings. Children can **talk about feelings**. Teachers or community workers can help by asking questions such as, '*What makes you laugh? Why do you cry? What makes you most angry?*' Children can compare their responses and understand that they may have different feelings about different situations.

Children can play games that help them to **guess about feelings**. Children could use a sentence like, '*What are you doing?*' Each child, or the teacher or community worker, could say the sentence in different ways. The others have to guess what different feelings (anger, fear or surprise, for example) are shown in the way the sentence is said.

Children can **make pictures** of situations where different feelings are shown in the picture.

In some schools in Zambia, teachers involved children in gathering information about families and the wider community through creating family trees.
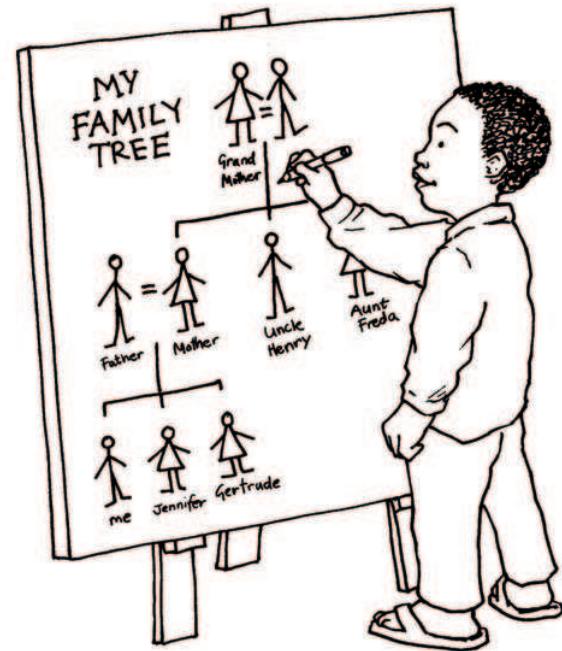
This led on to a community survey of why some children did not go to school and, eventually, to Child-to-Child activities that helped to bring many previously excluded children into the life of the community. Children thought deeply about what it meant to belong to a family and a community and how difficult life can be for a child who loses a parent, or is discriminated against because of illness, poverty or as the result of a disability.

Pictures could show, for example, a dog running away from a stone (fear); a child taking something from another who is crying (anger); a child with a glove puppet laughing (fun, joy); a chicken running and flapping its wings with a child chasing it. Can the children talk about difference between the feelings themselves and the causes of those feelings?

Drawing pictures or writing about the things that scares them most can help some children to face what they fear. By doing this they gain some control over the fear – they externalise the frightening event.

Children can **make a memory box** as part of a class project. Items of interest, poems and stories the children have found or written and pictures drawn by them could all be included and updated as time goes by. Memory boxes can promote resourcefulness in all children, not just children affected by HIV/AIDS.

All of the above activities can help children be more aware of their own and others' feelings. Children can use this awareness to play an important role in supporting children who do not go to school. (See activity sheet 1.4 **Helping Children Who Do Not Go To School**). They can be welcoming to children who may be excluded, such as children with disabilities and children affected by HIV/AIDS. They can support children in their own school who are experiencing difficulties.

Twinning is a key strategy for children's action

Twinning is linking one child with another child or several other children. It is the cornerstone of many Child-to-Child activities. For example, older children are linked with younger children or a non-disabled child is linked to a disabled child. Close and mutually beneficial friendships are formed.

Circles of friends

A similar idea to twinning is to create a **circle of friends**. In schools that are including children with disabilities for the first time, teachers help other children to form 'circles of friends' to make the new child feel welcome. Sometimes, as part of this process, the circle children discuss their nightmares and dreams for the future. This knowledge helps all the children plan for a more positive future.


What children have said about twinning

'My legs hurt because I use metal crutches to help me walk and they cause me pain. I have three friends at school. They help me by bringing me to school and taking me back home.'

'I had a good time at school because I was busy helping my friend. I am helping her with her writing.'

'Twinning has helped me to pay extra attention to what the teacher is teaching us because afterwards I share it with my friend. My friend says she is reading better now that we are twinned.'

'My parents passed away in 2000 and now I stay with my grandmother. I play and work with another boy who I am twinned with. He is the first person I share my problems with, including my problems with school fees.'
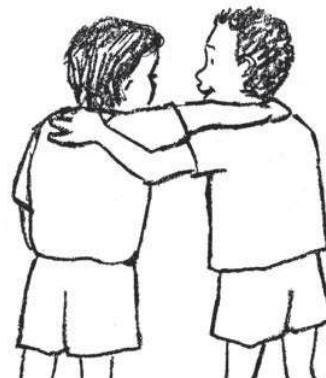
Circles of friends

In Vietnam circle friends supported children both at school and in their neighbourhood. Classmates brought Kien to school in a wheelchair and helped him with his writing. They read schoolwork and stories to Anh who could not see. The circles of friends brought all the children in the circle closer together.

163

Discussing the results of activities

Children can discuss:

- *How effective are activities?*

- *Are we more aware of our own, and others' feelings?*

- *What would we do if we saw another child who was angry or crying or quiet and alone?*

- *Did we support our friend who is having a difficult time?*

> This is what a boy whose hearing is impaired said after being twinned with hearing children. '*Other children no longer call me names. We learn and play together – football, netball, athletics – and no one notices the differences between us.*'

Doing it better

There may be activities that the responsible adult feels need repeating or emphasizing in order to improve children's understanding and skills. Other issues, problems or anxieties may have come up that the adults need to explore further with the children. New topics can be discussed and selected with children at this stage.

USING THIS SHEET

Although teachers, youth leaders, scout and guide leaders or playgroups can practise these activities successfully, children learn the most important things about their feelings **at home**.

However, the increasing number of children affected by HIV/AIDS is challenging some of our ideas about childcare. The needs of these vulnerable children for security, love and support must be of concern to all community members. This challenging situation has shown that youth groups, schools and, above all, children themselves can play a big part in supporting children by helping them to understand their own and others' feelings.

This activity sheet as well as sheets 8.1 to 8.4 on **Children in Difficult Circumstances** is especially relevant in situations where many young children (often in camps) have been exposed to violence that has affected their behaviour. These sheets have been used in Lebanon, Yemen, Thailand and Pakistan (refugee camps), for example, and with children who live and work on the street in Vietnam, Brazil and the Philippines.

A special set of pictures and questions on this theme has been produced for Ethiopia but the ideas, text and pictures can be used elsewhere. Contact the Child-to-Child Trust for details.

For further information on strategies for building children's resilience contact Catholic AIDS Action
Phone +264 (0) 61 276 350 Fax +264 (0) 61 276 364
PO Box 11525, Windhoek, Namibia

Email: info@caa.org.na
Website: www.caa.org.na

For further information, please contact:
Child-to-Child Trust,
Institute of Education, 20 Bedford Way, London WC1H 0AL, UK.

A PLACE TO PLAY

THE IDEA

As children grow they need many types of activities to develop their senses and to help their bodies to develop well. Play helps children to grow and to learn new skills, to share and cooperate with others and to use language. Excellent playthings can be found in the local community and made with materials that cost nothing. Everyday activities offer many opportunities to have fun and learn about new things. However, many children would like interesting and safe places to play, especially if they live in very crowded towns but also if they live in rural areas.

Older children and adults can help to make play places for younger children. They can find new places or improve the place where children play already by making it safer and more interesting. Older children need areas to play too. Often separate play areas are made for younger children and older children. The play equipment can be made to suit the different stages of the children's development. Younger children can play safely while older children can enjoy more challenging play activities and equipment without disrupting the younger children.

Understanding

All children need to be active. They like to run and to play tag. They like to climb and slide, to swing and jump. This kind of play is not a waste of time. It is very important because it helps children to:

- Use different parts of the body, especially their eyes and hands together.
- Use voice and gestures to communicate with others.
- Try out new ideas and activities.
- Use their imaginations and solve problems.
- Learn to share and cooperate with others.

In this way children learn new skills and find out for themselves about new things. All this helps children once they start school and makes it easier for them to learn. (See activity sheets 1.1 and 1.2 on understanding why play is important and for many ideas for play activities.)

Finding out more

Children can find out where children play and what kinds of play activities children enjoy. Children probably already have a place where they play. Children can find out:

- Is it safe?
- Is it big enough for plenty of activity?

- How can it be improved to make it safer?
- How can it be made more fun and interesting?
- Would it be better to make a new place?

Planning and doing

With adult and youth support children can plan to **organize** play areas and activities in different places. Children can discuss possible action and make a plan.
They can ask:

- Who can help us? Teachers, parents, health and community workers?
- How do we start?
- Where can we play?

At home children can talk to parents about setting aside a special place for children's play materials and equipment.
At school they can discuss with the teacher or head teacher how to set up play areas. They can organize and help to care for materials and equipment. They may be able to persuade the head teacher that the school grounds can be used as a neighbourhood play centre after school hours.
At clinics and other meeting places children can organize and care for equipment and materials for children attending the clinic.

Many children play under the two big trees near Sunil's village. So the children in a local youth group undertook to improve the play area there. They cut off the dead branches from the tree and hung ropes with tyres on them from the strong branches. They made steps in difficult places so that children could climb the trees. They cleared the high grass and every few days they go round to pick up rubbish and make sure that there is no glass or sharp metal that could cut the younger children who play there. The place is safe now and even more fun to play in.

In the community they can look for sites that are safe and suitable for children's play.

Older children can **collect** and **organize play materials** and ideas from many different people and places in the community. All communities are rich in materials for play activities. These may be scrap materials like bits of wood, polystyrene and metal, matchboxes, plastic containers and tins, old tyres, waste paper and packaging. Or they can be things that are grown, like gourds, coconuts, seeds and seedpods, cornstalks and grasses, or dye from local plants. Sand, stones, charcoal and clay make good play material too. All are free. Activity sheets 1.1 and 1.2 **Playing with Young Children** have many ideas for making toys from these materials. Younger children will use their imagination and find their own ways to play with them.

Older children can help to store and care for the materials.

- Can a special place – a shed or lockable box – for children's play materials be set aside?
- Will shopkeepers provide them with materials to store equipment – old boxes, empty packets, ends of cloth, for example?

Children can **make equipment** with adult and youth support. Natural materials can be used to make play equipment. Soil itself can be used for making slides. Fallen trees and steep banks are good places to climb and slide. Off-cuts of lino or the sides of cardboard boxes are good for sliding down. Stepping stones or tree stumps can be placed far apart so that children have to stretch their legs to step from one to the other.

Including all children

Building a 'playground for all' is a good way to bring the community together. The playground like the one in the picture is built from local low cost materials and uses simple construction methods. The playground brings children and their families together through play. Children with disabilities and their parents can try out different playthings and exercise equipment. This is a safe and fun place for children who may be unwell and frail. Older children can have their own area where they play vigorous games and try out more challenging equipment that would not be safe for younger children to use.
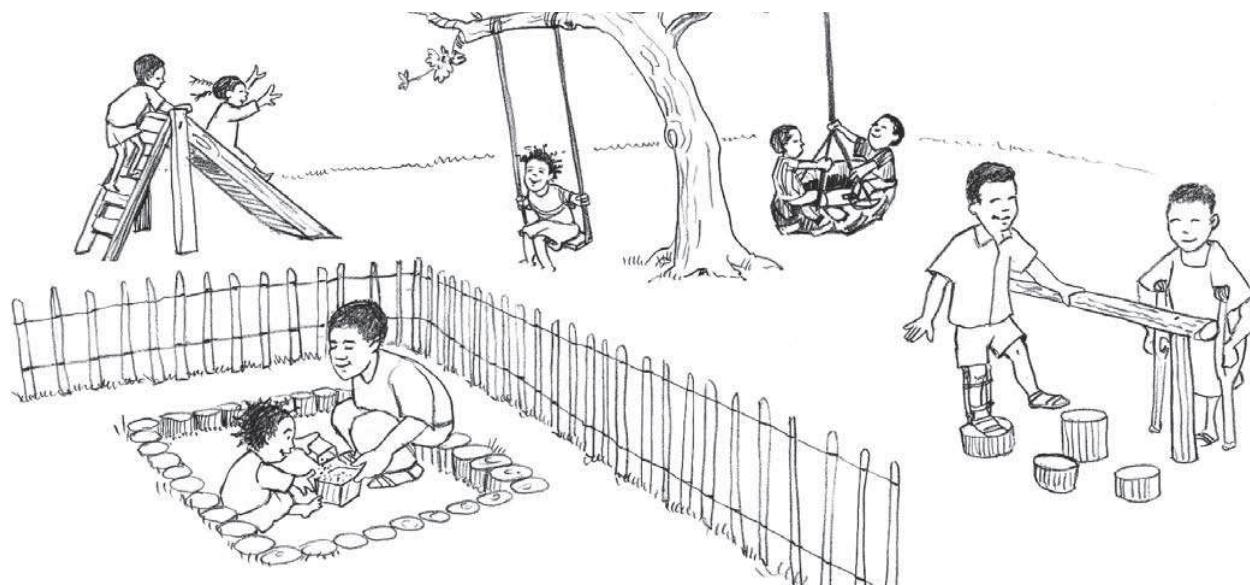
Trees have many different uses. They can be used for climbing, perhaps with a few steps built into difficult places. Or simple swings made from rope and old tyres can be hung from strong branches. A thick rope with a series of knots about 30 cms apart is good for climbing up into a tree. A slide could be built to come down out of a tree.

> In a village on the border of Thailand Karen and older children made a playground next to their school. The equipment was almost entirely made from bamboo that they cut themselves in the forest. Adults provided old tyres and rope for swings.

Trees can also provide shade for younger children playing with sand and water. An old tyre can be cut in half and filled with water. The other half of the tyre can be filled with sand and played in using bits of wood and different containers such as gourds and cut-off plastic bottles. Old tyres can also be used for tunnels. Younger children can experiment with materials that float (wood, plastic) or sink (stones, metal). They can fill up and pour out water using different sized containers and blow bubbles in the water with bamboo pipes and reeds. Where there are no trees children can still climb if there are climbing frames. Seesaws and balancing boards can be made from old bits of wood.

Appropriate paper technology (APT)

Equipment such as carts, balance boards and seats for swings can be made from paper, card and paste using a method called Appropriate Paper Technology (APT). Layers of card are glued one on top of the other with paste made from flour and water and strapped together with strips of paper soaked in paste. The finished pieces are dried in the sun. The results are very strong and long lasting. It is a good way of making special chairs, boards for lying on and walkers for children with disabilities as well as for making play equipment.

Supervise the play areas and help younger children

Older children can help younger ones by:
- Organizing some of their games.
- Marking out areas of the play area with lines for games such as hop scotch.
- Giving them good ideas about how to use equipment and materials.
- Giving out equipment and later collecting it and putting it away.
- Organizing the repair and replacement of equipment and materials, and teaching younger children to notice and report weaknesses.
- Supervising their play to make sure they are safe.
- Giving first aid and getting help when accidents happen (see activity sheet 4.1 **Preventing Accidents**).

Discussing the results of activities

After doing these activities children ask each other questions such as:

- *Have we been able to make better places to play? If not, why not?*
- *How many children use the play area during a fixed period of time (one week, for example)?*
- *Which children use it and what for?*
- *How much do they use it?*
- *What other equipment/activities would children like in the play area?*
- *Is the equipment cared for?*
- *How many older children supervise play activities and referee games?*

Doing it better

With adult support children can plan to make even better play equipment, ensure that the equipment in well cared for and the area is well supervised.

USING THE SHEET

Teachers and head teachers can organize play areas with older children, encourage them, and be concerned with safety. The school might be willing to set aside ground for an improved play area for all children. Making play equipment and materials might be included in craft lessons. Teachers in training can start a play area near their own college or teaching practice school, after surveying community needs.

School children in Hanoi, Vietnam petitioned the local People's Committee to help make the area next to their school a safe and pleasant place to play. Funds were found to help to drain the area to prevent flooding so that it could be used throughout the year. The children agreed to keep the area clean and to plant flowers and shrubs to make it beautiful.

Community and youth group leaders can discuss these ideas about how better play areas can be organized. They can help older children by teaching useful skills in refereeing, making equipment and first aid. They can also provide resources, and help secure land and finance.

For further information on Appropriate Paper Technology see website at:

http://www.apbt.org.uk and

Appropriate Paper Technology (APT) – A Manual
Available from:
Mail Order Department, Intermediate Technology Bookshop, 103-105 Southampton Row, London WC1B 4HH, UK.
Tel: + 44 (0)20 7436 9761/Fax: + 44 (0)20 7436 2013

Parents and others in the community can provide specialist skills and labour, help in organization and supervision and contribute materials.

Local media, including press and radio, can explain ideas about better play, and report on progress and the success of play area projects.

For further information, please contact:
Child-to-Child Trust,
Institute of Education, 20 Bedford Way, London WC1H 0AL, UK.

FEEDING YOUNG CHILDREN 1

Feeding children aged 6 months to 2 years

THE IDEA

A child who eats plenty of good food is more likely to be strong, active and healthy. The child is seldom ill, and recovers quickly from most illnesses. A child who eats too little is weak, less active and often sick.

Ideally, a baby needs breast milk only and no other food or drink for at least the first 4, and if possible, the first 6 months of his life. (See Activity Sheet 2.4 for more information on **Breastfeeding**.) After six months, the baby needs plenty of breast milk and increasing amounts of other clean, good foods. A young child cannot eat much at one time so he should suckle and eat frequently (see box below on breastfeeding and HIV/AIDS).

Sick children need plenty of good food so that they can fight infections and recover faster.

Some children with disabilities experience difficulty when they are eating. Making sure that they are in a comfortable position and having patience will help these children to overcome their difficulties. Disabled children have the same nutrition needs as other children. It may be useful to seek advice from other families in the community who also have a child with disabilities in order to learn how to feed the child better.

Breastfeeding and HIV/AIDS

The spread of HIV/AIDS has meant the message on breastfeeding – that it is the very best start in life for a baby – is no longer so straightforward. This is because of the risk that the virus will be transmitted to the baby through the mother's milk. It is a complex issue with opinions and advice given changing, depending on the mother's situation and the latest research. One opinion is that where bottle-feeding is affordable and levels of hygiene are good, then this is recommended if the risk of mother-to-child transmission of the virus is high. If a mother who is HIV-positive chooses replacement feeding, she must be supported in her choice, particularly in areas where women who do not breastfeed may be stigmatized. However, in areas where infant formula is expensive and hygiene poor, breastfeeding is promoted over bottle-feeding. The risks to the baby of ill health as a result of poor nourishment and disease spread by contaminated water and poor hygiene outweigh the danger of HIV/AIDS transmission. Women who are infected, or suspect that they may be infected, should consult a trained local health worker for counselling and advice on all possible options about how to reduce the risk of infecting the child.

Understanding

Facts about feeding young children

Children who do not eat enough are quiet, are apathetic (not interested in what is happening) and learn slowly. They are thin and small for their age. They are often sick and take a long time to recover from illnesses. Some of these children become progressively thinner, weaker and sicker and eventually die.

To grow well and to be healthy young children need:

Enough food Young children need small, frequent servings throughout the day to consume enough food. A 9-11 month old infant needs about 830k calories of energy per day, some of which will be obtained from continued breastfeeding and some from other foods served about 3-4 times in the day. Food that equals about 830k calories is, for example, 3 heaped teacups of cooked food such as porridge enriched with oil or butter with added lemon juice for vitamin C and green leafy vegetables for iron.

A mixture of foods Children's food must provide them with enough of each kind of nutrient so that:
• They have energy to play, explore and learn.
• They can grow at a healthy rate.
• They can resist and fight infections and recover quickly from an illness.

Children need **vitamin A** to resist illness and to prevent night blindness. Vitamin A can be found in many fruits, ripe mangoes and papayas, for example, and vegetables such as yellow sweet potatoes, carrots and dark green leafy vegetables. It is found in oils, eggs, dairy products, fortified foods, breast milk and in vitamin A supplements.

Children need **iron**-rich foods to protect their physical and mental abilities. The best sources of iron are liver, lean meats, fish, eggs, iron-fortified foods and iron supplements.

Iodine, which is usually obtained through iodized salt, is essential for children's growth and development. If a child does not get enough iodine, or the mother is deficient in iodine during pregnancy, the child is likely to be born with a learning, hearing or speech disability, or may have delayed physical or mental development.

Breast milk alone provides all the energy, nutrients and water a child needs up to the age of about six months. After six months of age, the child needs other foods *in addition* to breast milk to get enough energy and nutrients to grow well. But young children have small stomachs and cannot eat much at one time.

So to get enough nutrients a child of weaning age between six months and two years old must:
• **Eat often.** The child should suckle frequently; in addition a child of 6-8 months should have a meal or snack 2-3 times a day; a child of 9-11 months should have a meal or snack 3-4 times a day and child of 12-23 months should have a meal or snack 4-5 times a day.
• **Eat energy-rich and nutrient-rich foods.** This means foods that contain a lot of energy and nutrients in a small volume.

Examples of **good mixed meals** for young children are:
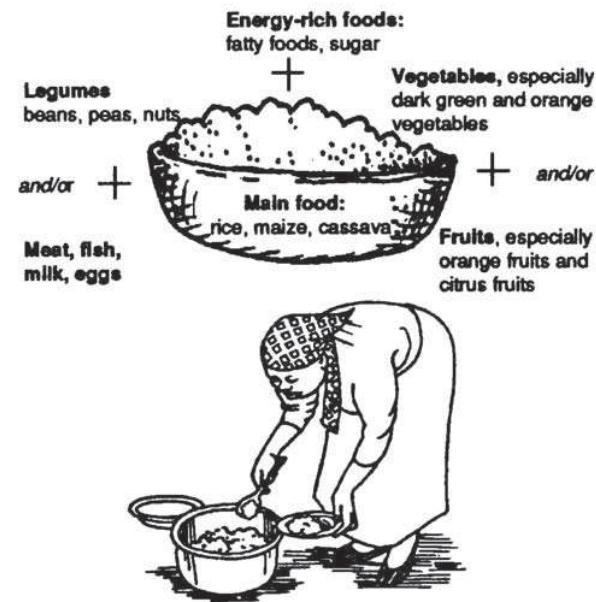
- Maize porridge made with groundnuts and a slice of papaya.
- Rice mixed with lentils, oil and spinach.
- Boiled cassava mashed and eaten with fish cooked with red palm oil and cassava leaves.

Often the first weaning food is a soft porridge. But most plain porridges contain a lot of water and are not rich in energy and nutrients. Some of the water for cooking the porridge can be replaced with whole milk, soured milk, coconut milk or cream to improve the nutrient and energy content. Also adding one or more of the foods below enriches the porridge.

For example:
For extra energy/fat:
Oil, margarine, butter, coconut, cream, whole milk, flour made from groundnut, soya or other oilseeds.

For extra protein:
Beans, peas, soya beans, lentils, groundnuts, eggs, milk, fish, meat.

For extra vitamins:
Fruits, such as papaya, mango and oranges and vegetables such as carrots, pumpkins, tomatoes and dark green leaves.

Good ideas to make sure young children eat enough good food

Give a young child his *own plate of food* so he can eat his share of food at his own speed and not have to compete with older children.

Young children need to *eat frequently* but it is difficult for many families to cook more than once or twice a day. So children can be given *snacks*. These are foods that, used separately or together, make good snacks:

- Fruits such as papaya, mango, oranges, avocado, bananas.
- Cooked plantain, cassava, potato.
- Boiled or soured milk.
- Coconut cream, groundnut or soya paste, margarine or butter.
- Bread, chapattis, doughnuts, biscuits.

Some of these foods may not be available or be too expensive. The local health or nutrition worker should know about suitable foods and meals for your area.

Children should *avoid* too many *soda or sugary drinks, candy and sweet iced lollies*. These are not good snacks because, if eaten too often, they can cause tooth decay and have no nutritional value.

Young children often get diarrhoea and other infections from dirty or contaminated foods and drinks. To avoid this, mothers should *prepare and serve meals with fresh foods using clean utensils*. Food should be cooked thoroughly and not be kept for a long time before feeding the child. The *child's hands and the hands of the person serving the food should be washed* before the child eats. Food left in containers for any length of time should be kept covered with a clean lid or cloth to stop flies.

Feeding sick children

Sick children usually eat very little because they are not hungry. Sometimes the family gives them less food, or more watery food. This is one reason why sick children lose weight. But sick children need food and nutrients so their bodies can fight germs, strengthen their immune systems and continue to grow. Here are some helpful ideas:
- Feed the sick child often – at least every 2-3 hours, or more often if he will take food.
- Give the child plenty to drink, especially if he has diarrhoea or fever.
- Remember that any food is better than no food but try to give good mixed meals.
- If the child still breastfeeds, encourage the mother to continue.
- Breastfed children should suckle more.
- Give foods the child likes, such as mashed foods or sweet foods.
- Give foods the child can eat easily. Many sick children prefer food that is thin and smooth so that they do not have to chew, for example, soup or food that is well mashed.
- Wash your hands before preparing the child's food and before feeding him. Wash the utensils carefully.
- Before feeding, wash the child, clean his mouth and nose and make him comfortable.

- Hold the child in a comfortable position and talk or sing to him. Give him lots of attention. Do not get angry with him.
- Encourage the child to eat but do not force him – he may vomit or choke.
- Make feeding into a game.
- Do not feed the child when he is sleepy.

When a child starts to recover, he will be hungry and able to eat more than usual. If he is given extra food he will regain lost weight quickly – 'catch-up growth'. A recovering child should be given frequent meals with as much food as he can eat until he weighs more than, or is as heavy as, he was before he was sick. In this way he will quickly become strong again.

Ideas for deepening children's understanding

Young children need plenty of food to grow well. Children can observe the connection between food and growing by observing two caterpillars. One caterpillar is given plenty of the leaves it likes to eat and the other almost nothing, or the wrong kind of leaf. After several days children can compare the size of the caterpillars. The one that has been well fed is bigger. Why?

Food gives energy. Children can discuss what they feel like when they are hungry. Do they feel tired, not interested in what is happening around them, find concentrating difficult and so on?

Different foods contain different amounts of nutrients. Children can identify which local foods are rich in nutrients. Children can learn the importance of different nutrients, for example, iron stops us feeling tired and vitamin A is good for eyes. Children can **feel** that some foods contain more fat than others. They can compare cereal flour with groundnut or coconut flour or fatty meat. They can **see** the green of vitamin A in dark green leafy vegetables. They can **taste** that some foods contain more sugar than others. They can compare plain porridge or raw potato with pineapple or sugar cane.

Fatty foods are energy rich. Children can find a 'measure', such as a small can, cup or large level spoon, of oil. They can ask other children to guess how many measures of raw cereal flour contain the same amount of energy. The answer is approximately four measures. They can draw or show this and ask which food is the richest in energy?

Some foods are richer in vitamins, such as vitamin A, than others. Children can prepare a 'measure', such as a cup, of chopped banana and a 'measure' of chopped ripe mango or papaya and ask other children which contains the most vitamin A. Children can compare equal amounts of other vegetables – onion with pumpkin, carrot or green leaves, for example.

Children need a mixture of foods. Children can prepare small plates of cooked rice or other staple food and then add foods to make a good mixed meal. They could make clay models or pictures of food and use these to play a game of choosing a healthy mixed meal.

Finding out more

Children can visit the clinic and talk to the health worker. The health worker can demonstrate how babies are weighed and checked at the clinic. They can say why it is important to do this and explain why babies may lose weight. Children can collect a sample of the clinic weight card and examine it. (See activity sheet 2.2 **Feeding Young Children 2**: *How do we know if they are eating enough?* for more information on weighing and recording).

Children can plan surveys on breastfeeding, different types of weaning foods, and at what age weaning starts. It may not be appropriate to ask such questions in some cultures. The teachers or other responsible adults must consult with community members before starting such an activity.

Children can ask at home:
- *What is the first weaning food given to babies?*
- *What other foods are given to babies 6-12 months old?*
- *How long are children usually breastfed?*
- *Which foods are given to sick children?*

Children can watch young children being fed and note:
- What food do they eat?
- How often do they eat?
- Are hands washed before eating/feeding?
- At what age do children feed themselves?
- Do young children have their own separate bowls, or eat from the family dish?
- Do some children have difficulties with feeding? Is there knowledge on how to help the child?

Planning and doing

Children can discuss the results from their surveys and their other finding-out activities. They can take action to help themselves, other children and adults to obtain and eat good foods. It is important to understand that nutrition and undernutrition are very sensitive subjects and that the children's activities must not upset people in their community.

Many activities can take place in the children's own homes. Nutrition can be taught in a wide range of subjects such as science, mathematics, art and language lessons.

Here are some ideas:
- Children can plan meals for a young child for a day or for a week.
- They can role-play mealtimes with younger children – pretend to feed a doll and make sure that children wash hands before 'feeding'.
- They can draw different foods, make a poster display of different meals and show these to their families. They can discuss how to improve the meals.
- Children can make a recipe book of good mixed meals and snacks for young children from locally-available, low-cost foods and share the ideas with friends and family.
- They can bring healthy snacks/packed lunches to school.
- Children can draw a 24-hour 'time line'. Below is a time line to show the food needed by a school age child. Children can draw a similar time line and mark the times when a one-year-old child should be breastfed and when she should have a meal or snack. They can discuss what foods to give at each meal or snack.
- Children can role-play feeding a sick child or a child who has difficulty in feeding and discuss it afterwards.
- They can make a plan of how to feed a child who is recovering from an illness and is often hungry.
- They can hold a quiz in teams and ask questions such as, *'Name three fat-rich foods to add to plain weaning porridge'* and *'What is the best food for a four-month-old baby?'*

A school-age child needs 3 meals and at least 2 snacks each day.
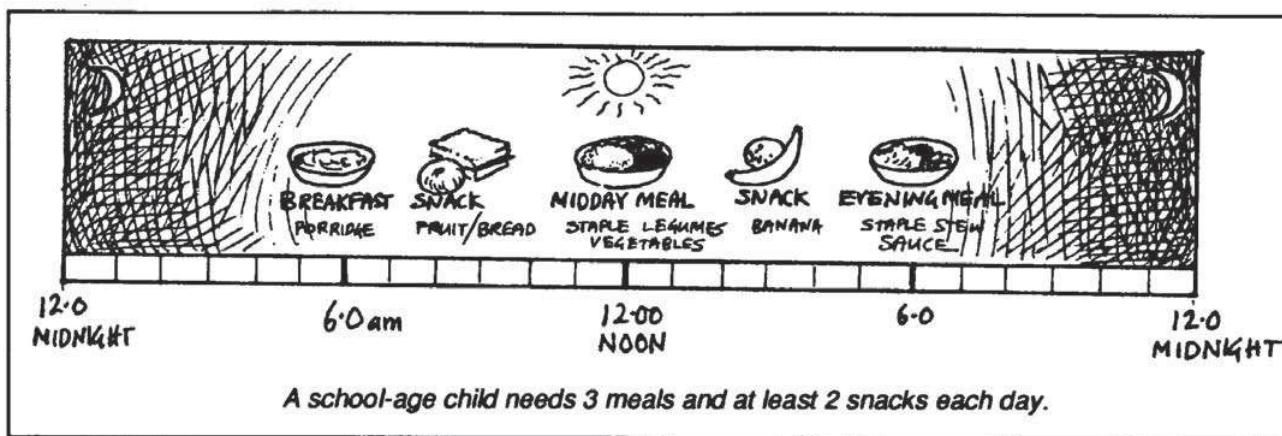
- They can make up stories like the one in the box on the right to tell to other children and ask questions such as:

  Why was Hyena miserable?

  What did Dr Guinea Fowl advise Hyena to eat?

  Was this good advice – if yes, why?

  Do they know of any young children in their community with the same problem as Hyena?

One of the best ways for children to understand about food is to grow and eat their own. (See activity sheet 2.3 on **Growing Vegetables.**) Many schools have school gardens. Herbs and vegetables can be grown in pots at home and at school.

Discussing the results of activities

After doing these activities children ask each other questions such as:

- *How many of us are now helping to feed young children?*
- *Have we fed a child who is sick? What advice could we give to others?*
- *Have we helped a child who has difficulty in feeding? What helped the child to overcome his/her difficulties?*
- *Are younger children being fed 'little and often' or do their mealtimes have to fit around adults' mealtimes?*
- *What causes babies and young children to lose weight?*
- *Have we helped to prepare meals for younger children? What foods did we use? What foods did the children enjoy most?*
- *Have we taken home any of our work (for example, a poster) and shown it to our family? How did they react? Were there any problems? Did they agree to practise the message?*

How Hyena tricked Hare

Hyena is miserable. He can no longer see in the dark. He feels weak. The other animals laugh at him, none louder than Hare. Fat and healthy from eating carrots and greens, Hare teases Hyena without mercy, keeping just out of reach. 'Old chicken-eyes,' Hare calls him. In despair, Hyena consults Dr Guinea Fowl who tells him to eat yellow and red fruit such as papaya and ripe mango and dark green leafy vegetables. Gradually Hyena's sight and strength come back but he does not tell Hare. Every night Hare continues to tease Hyena. Every night Hyena seems to have more difficulty seeing; he even begins to wear dark glasses and use a white stick. Every night Hare gets closer, until one night he gets too close. Hyena pounces. He has his revenge!

Doing it better

This is an ongoing process. There may be activities that the teacher, youth leader, health worker or the children themselves feel need repeating in order to improve their own understanding and skills and those of other people in the community. There may be mistakes that need correcting or written materials that need rewriting to make the messages clearer. It is important that time is spent doing this. Other issues, problems or anxieties may have come up that the adults need to explore further with the children. Poor nutrition, and its causes, is a very sensitive subject. New topics can be discussed and selected with children at this stage.

USING THIS SHEET

Teachers and health workers can use this sheet. The topic **healthy food** is central to every health education programme and is taught in every programme that uses the Child-to-Child approach. It can be a sensitive issue – see the box on breastfeeding, for example – and needs to be handled carefully. There are many different ways of teaching this information. For example, in Egypt and Jordan nutrition messages are given over the radio to mothers and to children in school to take back home.

This activity sheet can be used in conjunction with the sheets **Feeding Young Children 2: *How do we know if they are eating enough?*** (2.2), **Growing Vegetables** (2.3) **Children's stools and Hygiene** (3.3), **Clean, Safe Water** (3.4), **Intestinal Worms** (6.3) and **Immunization** (6.4).

For further information, please contact:
Child-to-Child Trust,
Institute of Education, 20 Bedford Way, London WC1H 0AL, UK.

FEEDING YOUNG CHILDREN 2

How do we know if they are eating enough?

THE IDEA

Children must have enough of the right kind of food for healthy growth and to fight infection. Many children are not getting enough good food. If these children are helped early on in their lives they will be able to develop well. There are three simple ways of finding out if an infant or young child is not getting enough food:

- By knowing how to recognize the signs of having too little food.
- By weighing young children regularly at the clinic and recording their weight on a chart.
- By measuring the upper arm of children under five years of age.

Children can learn to understand why some children are undernourished, and how young children can be helped.

In some societies, particularly in cities, children are eating far too many salty, sweet, fatty and processed '*junk foods*' and are becoming obese – so fat that they are unhealthy and inactive. This increases their chances of ill health from heart disease and diabetes in their adult life.

Children can start the habit of healthy eating that will last throughout their lives.

Nutrition lessons in municipal schools in low-income areas in Mumbai, India

As part of their healthy eating projects, the schools celebrate Salad Day and Green Vegetable Day. Children bring and share healthy food. Children bring gram (chick pea), pieces of fruits and cucumber to birthday celebrations. A teacher observed: *'Parents used not to bother about what children ate. Now children, even if they get money, are able to choose the right food from the street vendors. They are more likely to choose fruits. Children are now insisting that parents cook food for them and we teachers reinforce these messages, telling the parents to keep leftovers from the night before, far better than eating from street food vendors.'*

Understanding

When children do not have enough of the correct food they are undernourished. When a child is undernourished it is always a serious matter. He is less strong, less active, less interested in things and therefore less able to play and learn. He is less able to fight disease, he becomes ill more often, and is in danger of becoming steadily weaker and even of dying.

If babies and young children do not eat enough good mixtures of food and nobody knows how to help them, they will become very ill. In extreme cases these children may look very thin with loose, wrinkled skin and be very irritable and unhappy or they may look swollen with cracked and peeling skin and sparse hair. They will not be interested in things and have a poor appetite.
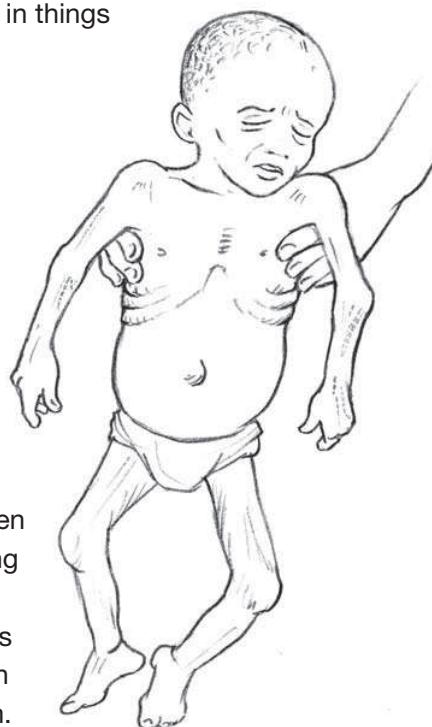
This is why it is very important to recognize babies and young children who are not eating enough from the earliest stage. It is important to learn how to help them. If these children are well fed they will grow and develop healthily. If they are undernourished when children, they will remain shorter in height for their age (stunted) when they are adults.

What causes a child to be undernourished?

Children who have had an illness such as diarrhoea or measles often lose weight because they became weak and less able to eat (see activity sheet 6.2 **Caring for Children Who Are Sick** for more ideas

on how to help). Children may not eat enough good mixtures of food because their families are too poor. Many mothers are very busy and need help to find time to feed their children frequently.

There are other more complicated causes of why children are undernourished, such as wars, family conflict, disasters and inequalities within societies. For example, girls may be given smaller amounts of food or less nutritious food than boys. Children with disabilities may not eat enough because their difficulties mean that it takes them a long time to eat or that they need help to eat. Or it may be that they are not valued as much as other children in the family and are given less food. The causes of undernutrition are often complex.

How to recognize children who are not eating enough

We can sometimes recognize signs in babies and young children who are not eating enough, though these signs can also be caused by other problems.

- We can watch them for changes in mood. They may stop smiling, making happy noises or playing.
- We can watch them for changes in activity. They may move about less, roll over and crawl less, and want to sleep more. They may not learn to sit up.
- We can watch them for changes in appearance. They may get thinner and look unhappy.
- We can watch if they eat less than usual and do not seem hungry.
- Mothers will often be able to describe these changes in their children.


The vicious circle of malnutrition and infection
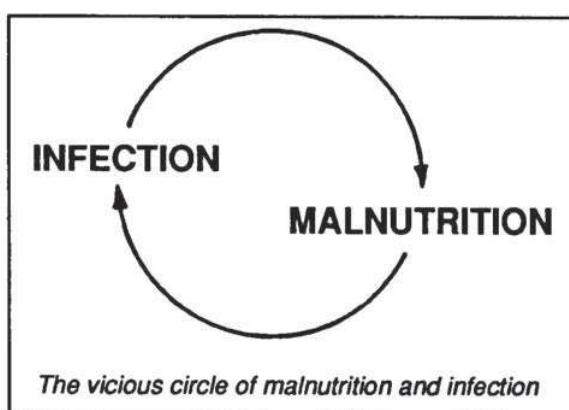
After a child has been ill, he needs extra food to help him catch up his lost weight. He needs to eat extra food for two to three weeks. A sick child should be encouraged to eat often, every two to three hours or more. He needs to eat more frequently – little and often – until his weight returns to normal. If he does not eat well he will become weak and fall sick again. It is vital to break this circle.

## Measuring growth in babies and young children

A good way to check if babies and young children up to the age of 18 months are eating well and growing properly is to weigh them regularly. Simple weighing scales are available in most countries. Health workers and parents can record the child's weight and mark it on a 'road to health chart'. The chart looks like this.
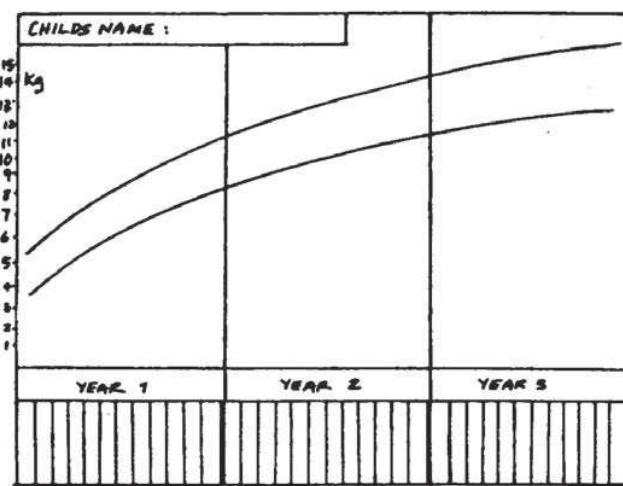
If the child's weight is marked regularly and he is eating well and growing well the health worker and parents will be able to see a steady increase in his weight.

Joe came from a tall family. He gained nearly 800 grams every month on breast-feeding for the first 8 months, and then about 200 grams every month. Joe's graph line looks like this:
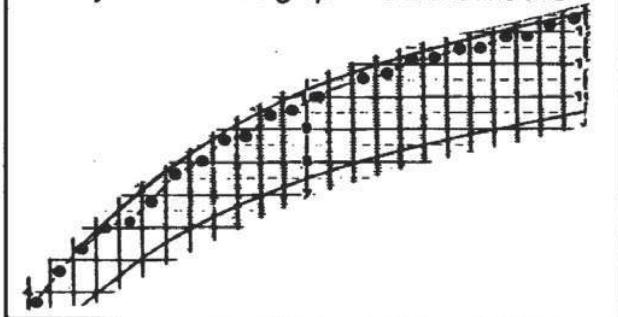
Not all children gain weight at the same rate and not all children weigh the same at birth. If the child's parents are small then the child may also be small and weigh less than other children. He is not in danger if he continues to gain weight steadily, even though the weights are near or just below the bottom line of the 'road'.

Sam's parents were small. Sam gained about 400 grams a month for the first 8 months. His growth curve continued to be satisfactory, along the lower line.
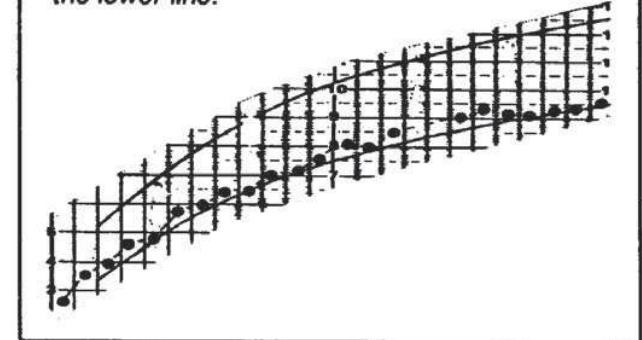
However, if the graph shows that the line does not rise, month by month, as the child gets older – or if the line drops due to an infection, and does not come up again quickly – then these are signs of danger.

What are the reasons? The child may have been ill and is not recovering quickly. He may be caught in the 'circle of malnutrition'. For some young children, breastfeeding may have stopped. A lack of breast milk can often cause growth failure in the first six months of life. There may be a shortage of food or maybe the carers need more knowledge about how often to feed the child and the correct mixture of foods. (See activity sheet 2.1 **Feeding Young Children 1**.)

Here is the growth chart of one child *(see overleaf)*. This shows how illnesses have affected the young girl's growth and weight.

As we have said, undernutrition is a complex issue. Here are some long-term and some short-term ways of helping children who are undernourished.

CHILD'S NAME   ABE

Abe gained weight well every month. Unfortunately she got measles the week before she was to be immunised. This was followed by diarrhoea, and she did not recover her previous weight for 6 months.

1 TO 2 YEARS

MONTHS 1 – 24
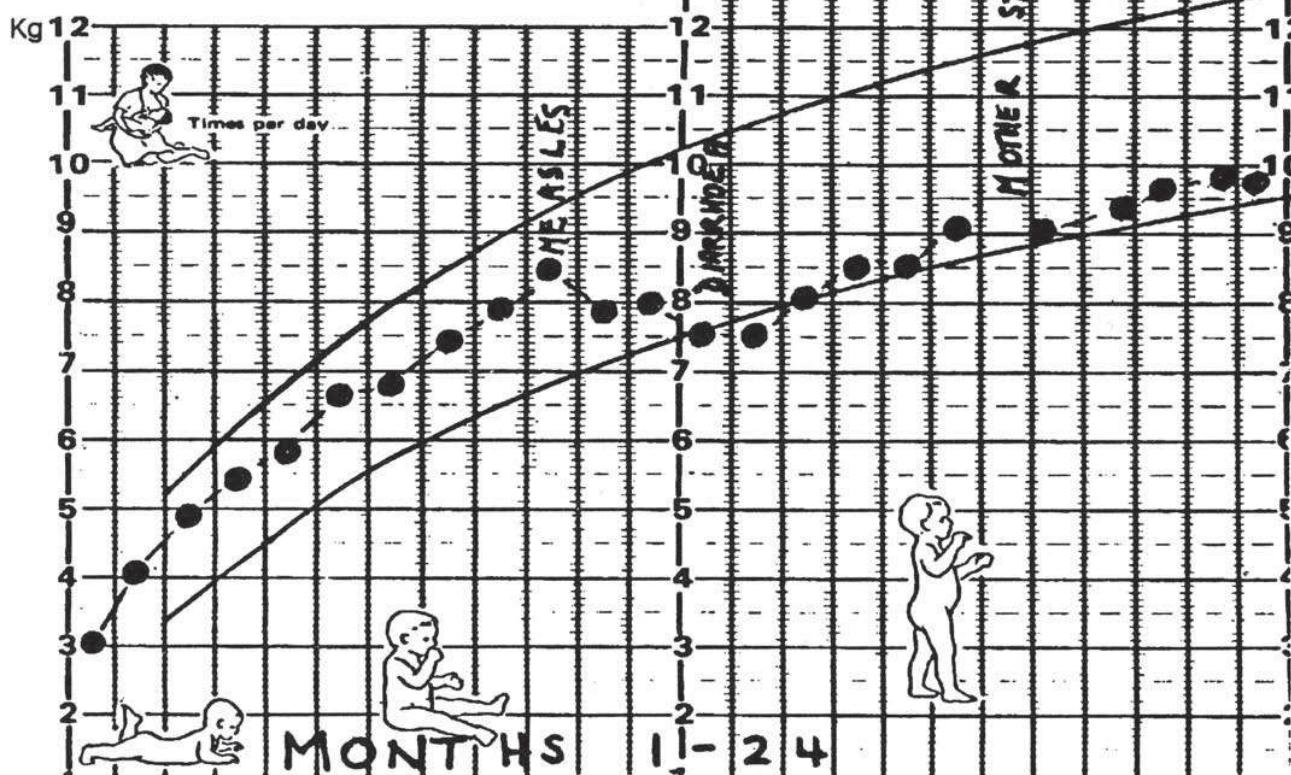
Cause: Illness

Short-term help:
Give extra food through five meals or snacks a day to allow the child to 'catch up'.
Give love and care from adults and other children.

Long-term help:
Give good food, including plenty of energy and protective foods.
Ensure the child is fully immunized.
Ensure there are better standards of hygiene to prevent disease.

Cause: Not enough food

Short-term help:
Encourage better sharing between families and communities.
Try to ensure that there are high energy and protective foods.

Make more frequent meals using available food. Encourage relatives and friends to provide snacks and meals if both parents are away from home or are sick or the children are orphaned.

Long-term help:
Better social conditions in the community.
More help and concern nationally and worldwide to reduce poverty and give those without food the means to help themselves.

Child-headed households

The number of children who are the heads of households is increasing dramatically due to the sickness and death of their parents from HIV/AIDS related diseases. All the children in these households are especially vulnerable and in need of support.

Cause: Poor knowledge of good feeding habits

Short-term help:
Spreading messages to the community through many means, including messages spread by children.
Emphasize the importance of feeding children when they are ill or experiencing difficulty feeding as a result of a disability. Some children with cerebral palsy, for example, may have difficulty chewing and swallowing food.

Long-term help:
Education on nutrition in schools.

Children and schools take action

In Yemen and Uganda children monitored food sellers around their schools to ensure the food was good and safe to eat. In India, children set up their own stalls to sell nutritious snacks. In Lesotho the authorities ensured children in school were given a nutritious meal.

Education for adults – for fathers as well as mothers.
Concentrate on changing customs, for example, times and priorities for feeding children, as well as knowledge about nutrition and recording growth.

Changing customs for healthier eating

In Vietnam, health workers noticed that the children of some families with very low incomes were better nourished than their more well off neighbours. They discovered that the poorer parents were feeding their children on food, such as shrimp caught in the rice fields, which was considered inedible by their neighbours. This type of behaviour has become known as *'positive deviancy'*. It means individuals or families take action that is considered unacceptable by others in the community but this action has positive benefits for the *'deviant'* families.

A good start

All children are less likely to be undernourished if they are protected against disease in the first year of their life. Both frequent breastfeeding and immunization help to give such protection.

In Yemen school children made beautifully decorated immunization cards with the schedule of immunizations clearly marked. They gave the cards to mothers of newborn babies in their neighbourhood and explained the importance of the baby receiving all of the immunizations.

## Weighing and measuring children when they are older

After children are over the age of eighteen months and before they go to primary school, and during the time they are at school, they should continue to be weighed and measured. (This is a good way to link health with mathematics.) Children who do not gain height and weight regularly may need help.

Measuring arm circumference

One of the ways of recognizing whether children between one and five years old are undernourished is by measuring around their upper arms. The circumference – the distance around the arm – does not change very much during the first five years of life. Children can check this by feeling the arm of a five-year-old child and then that of a one-year-old child. In the one-year-old there is more fat than muscle. In the five-year-old there is more muscle than fat. If a child is not growing properly, or losing weight, then the muscles do not grow and the arm circumference is less than normal. We need to measure the circumference of the arm half way between the bony points of the shoulder and the elbow, using an 'arm circumference strip'. It is sometimes called the 'Shakir Strip' after the name of the doctor who first used it.

Making a Shakir Strip

The strip can be made from strong paper, thick plastic, or string, a strip from around a plastic bottle, or fibre from plants. It is important that the material does not stretch and this can be checked

UP TO 40 centimeters

GREEN = NUTRITION O.K.

13.5 cms

12.5 cms

YELLOW

RED = MALNOURISHED

RED

0 cms

GREEN

Measuring the arms of children between their first and third birthdays

RED

MUCH
TOO THIN

YELLOW

TOO THIN

GREEN

HEALTHY

---

by pulling it beside a ruler. The strip should be about **1cm wide** and about **40 cm long**. Whatever material is being used, put a mark near one end (0), then at 5 cm, 12.5 cm, 13.5 cm and finally 20 cm from the 0 mark. It is very important to get the **12.5 cm** and the **13.5 cm in exactly the right places**. Then colour and mark the strip as shown.

Measuring using the strip

In healthy children, the measurement is more than 13.5 cm. When the strip is put around their arm, the zero (0) mark reaches the green part of the strip. If the zero (0) mark reaches the yellow part, the child is too thin. If it reaches the red part, the child is much too thin and may be undernourished.

Activities to deepen children's understanding

Children can **discuss**:
- *Do we know children who are too thin and undernourished?*
- *What are the reasons?*
- *What can we do to help children who are undernourished?*
- *Why is it important to measure the growth in babies and young children?*

Children can **learn and practise**:
- How to fill in a 'road to health' chart (if one is available). A bucket partly full of water or sand can be used for a weight. By putting water or sand into the bucket, or taking it out, it is possible to show how weights on the chart can vary.
- How to interpret weight charts.
- Health workers and teachers arrange for parents to bring babies into school so that children can watch them being weighed and help to record their weight on a chart.

Older children can learn to interpret the meaning of

different dots and lines on the growth chart
Here are the charts for three children and some
examples of questions that can be asked:
Sample questions:

Raj's chart

Miriam's chart

Musa's chart
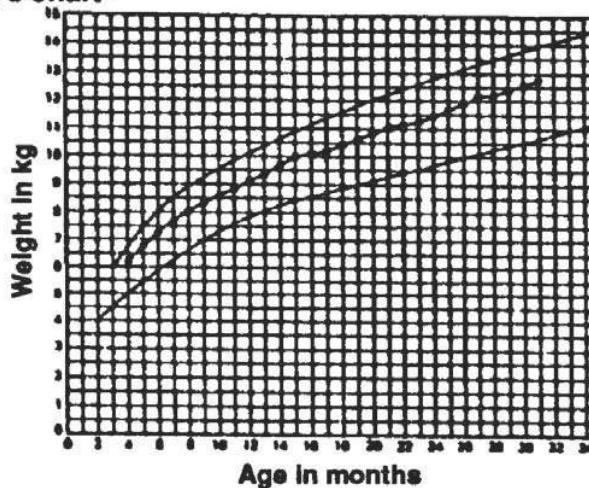
- *Which child has grown steadily?*
- *Which child lost weight after 13 months?*
- *Which child lost weight after four months?*
- *When did Miriam start to get better?*
- *What weight was Raj at two years?*
- *When did Musa start to gain weight fast?*
- *How long did Miriam's illness last?*
- *What do you think Raj's weight might be by the time he is three years old if he continues to grow well?*

Children can use **story telling**, **drama and role-playing** to understand the problems created by undernutrition. For example, they can make up a play about *'Sita who was always sick'* to illustrate the circle of undernutrition.

Or they can tell Sita's story and then play the question game: **'But why … ?'** One person can tell a story of how Sita is always sick. After the story the children can play the game, '*But why …?'* Everyone tries to point out different reasons why Sita got sick. Each time an answer is given, the storyteller asks the question, *'But why?*' In this way children keep looking for other causes. This helps children to see that there are many different reasons why children like Sita are undernourished and sick. Poverty may be one cause but not the only one.

Children can make a drama or a puppet show about two families – one with children who are growing well and one with children who are not and ask:
- *Why is this so?*
- *What can families do?*
- *Can they help each other?*

Finding out more

Children can visit a clinic and learn how people in the area are helped to avoid undernourishment. The health worker can demonstrate how babies are weighed and checked at the clinic. The children can get a sample of the clinic weight chart and examine it.

Children can conduct a survey on how mothers in their community know when babies are getting thinner. For example, some mothers put strings around the babies' arms, legs or hips. These strings need changing as the baby grows.
They can find out what other methods mothers use.

183

It is likely that in any group of children there are some who do not have a balanced diet. There may be many reasons for this. Nutrition is a complex and sensitive issue. If children play a role in improving their own and others' nutrition they need to learn how to listen and talk to people and understand their problems. Children can analyze problems using a **needs analysis chart** such as the one illustrated below. This activity helps children learn how to listen and how to think deeply about a problem.

These are suggested steps to using the needs analysis chart.

1. In groups of 5-10, children make or are given a chart such as the one below.
2. They identify 3-5 problems that can lead to poor nutrition of children in their community. They write these in the 'problem/topic' column of the chart.
3. They discuss how serious each problem is and how common. They decide on a points system. For example, the chart below uses 5/5 = most common/ most serious and 1/1 = least common/ least serious.

4. Children discuss how much they can do about each of these problems. If children can do a lot about the problem they will give it a high score of 4 or 5.
5. Then they add up the points awarded against each problem and discuss the outcome.
6. Children can compare the results of their charts with other groups.
7. Children can then make one group chart from all their charts, identifying problems that are most common and serious and provide many opportunities for children to make a difference.
8. The teacher or health worker can discuss why talking about nutrition in the family is important AND difficult. However, they can give examples, such as the ones in this Activity Sheet, that show children have helped to improve their own nutrition and the nutrition of their friends and family.

Here is an example of the results of a needs analysis chart:

Problems leading to poor nutrition of children				
Problem/topic	**How common**	**How serious**	**How much can children do**	**Importance to the CTC programme**
Children do not have breakfast before they go to school	3	5	3 – Children ask the Women's Group for help. With women's and teachers' support, snacks are provided at the start of the school day.	11
Families grow cash crops not for family eating	4	5	3 – With teachers' support, children start a school vegetable garden and share produce with all the children.	12
Girls are not given as much food as boys	3	5	4 – Children make posters and put on puppet shows to raise awareness, with teachers' and health workers' support, about the importance of healthy eating for ALL children.	12
Children with disabilities are often undernourished	4	5	3 - Children 'twin' with a disabled child to help to find out why.	12

The teacher or health worker can ask:

- *What have you chosen as the most important nutrition problems?*
- *Are these easy problems for children to do something about? Why/Why not?*
- *Is it easy to change nutrition habits in the family? Why/Why not?*

Note: There may be problems that are common and serious but they are problems that *cannot* be solved by children. Child-to-Child activities should not burden children with adult responsibilities.

Remember mixed meals are important. To add to their main food children need extra food for:

Children can visit the market and identify foods for sale. They can agree what they will observe during the visit. For example:

- Different types of foods that are available, e.g. staple foods and foods such as meat, fish, beans, nuts, vegetables, fruits, oil and fats.
- The cost for a given measure/amount of each food, e.g. a 5kg bag of maize flour, a bunch of green leafy vegetable, a 300 ml bottle of cooking oil.
- Whether there is a large variety of fruits and vegetables.
- Whether the food looks fresh, especially fruits and vegetables.
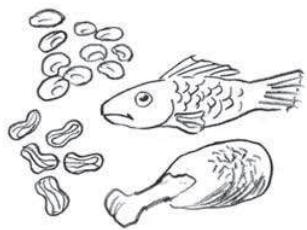
Growth	**Energy**	**Protection**	**Taste**
			(so that they will want to eat plenty!)
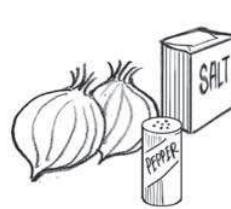
The children can prepare information-gathering sheets to record what they find out. Here is an example of an information-gathering sheet:

Different foods and their cost				
Information gathered during ……...............……… (month), in the rainy/dry season				
How much can you buy for a fixed amount of money, e.g. five rupees?				
Food	**Amount** Weight or local household measure	**Cost**	**Comments**	
Lentils	1.5 kg	**2 rupees**		
Eggs	3 eggs	**3 rupees**	There is more protein in lentils than eggs – rupee for rupee	

After the visit, the children can discuss:
- *What different foods did they find, e.g. rice, maize, flour, etc.?*
- *Which foods were good sources of protein?*
- *Which foods were good sources of vitamin A and iron?*
- *Which foods were good sources of iodine?*
- *Which foods were the best value for money?*
- *Is it better to sell your eggs and buy dhal, or eat your eggs.*

Planning and doing

Depending on what they found out children can plan activities to help to ensure children are getting enough of the right kind of **food for healthy g**rowth and to fight infection. (See activity sheet 2.1 **Feeding Young Children 1** for more ideas.)

Here are some examples:
- Children can give cooking demonstrations to show how special foods can be prepared to help children who are undernourished or have been ill and need extra food. For example, porridge enriched with mashed vegetables and a spoonful of oil or fat.
- They can give demonstrations of how to weigh babies and use the growth chart.
- Children can put on plays and puppet shows about weighing, measuring and feeding babies and small children.
- They can hold a poster competition.
- Children can measure the weight and height of all the children in the class and ask questions such as: *Are the taller ones always heavier than the shorter ones? What is the average height/ weight of the class?*
- Children can make and practise measuring arm circumference with a Shakir Strip. They can make the strip as explained earlier in this activity sheet. They can check each other's strips to see if they have been measured and marked correctly. They can then colour the strip. At first they can practise measuring around maize cobs, bottles, wooden poles and small trees.
- Children can measure and record the height and weight of young children in the school. Each child in an older class can 'adopt' a younger child and keep measurements regularly.
- Health workers and teachers can arrange for

parents to bring babies into school so that children can watch them being weighed and their weight recorded on a chart. The class can take a special interest in one baby, and with the parents' agreement, the baby's growth chart can be brought into school regularly.
- At home, children can measure and keep records of the height of their younger brothers and sisters. All of these measuring activities can be linked with mathematics and science.
- Older children should be measured at least every birthday. Children can make a measuring line on the back of a door or on a wall.
- At home children can help younger brothers and sisters to be well nourished, especially if one of their brothers or sisters is disabled. They can make sure they get enough to eat at family meals and help encourage them to eat by telling stories.
- They can make sure that they are encouraged to eat when they are sick and when they are getting better.

Discussing the results of activities

After doing these activities children check what they and others have learned.
They can ask questions such as:
- *Why is it important to weigh babies on a regular basis and to keep on weighing and measuring children when they are older?*
- *Do we know how to measure accurately and record measures of height and weight?*
- *Are we able to mark these on a growth chart?*
- *Can we use and interpret the 'Shakir Strip'?*
- *Have we helped to weigh and measure younger children and babies?*
- *Have we spread messages about the importance of measuring children to check that they are growing well?*
- *Have we helped children who have been ill eat well and grow strong again?*
- *Are we eating enough nutritious foods ourselves?*

Doing it better

This is an ongoing process. There may be activities that the teacher, youth leader, health worker or the children themselves feel need repeating in order to improve their own understanding and skills towards other people in the community. There may be mistakes that need correcting or written materials that need rewriting to make the messages clearer. It is important that time is spent doing this. Other issues, problems or anxieties may have come up that the adults need to explore further with the children. Poor nutrition, and its causes, is a very sensitive subject. New topics can be discussed and selected with children at this stage.

USING THIS SHEET

This sheet can be widely used both in school health programmes and in clubs and youth groups. Weighing and measuring babies regularly is an important health message that is easy and popular to introduce to children. However, all those who use the sheet will appreciate that undernutrition – and particularly its causes – is a very sensitive subject. The adults need to consider when and how it may be possible to involve children in finding out and taking action in a way that does not cause unhappiness or anger to families where children are undernourished. In some programmes children working with adults have helped to identify undernourished children using the arm circumference strip. However, in some situations and cultures this may not be acceptable. If the whole community are consulted and involved then it may be acceptable to carry out these types of activities.

The examples in this activity sheet show that Child-to-Child activities can make a big difference to the health of children in a variety of situations.

This activity sheet can be used in conjunction with the sheets **Feeding Young Children 1: *Feeding children aged 6 months to 2 years*** (2.1)**, Children's stools and Hygiene** (3.3)**, Clean, Safe Water** (3.4)**, Intestinal Worms** (6.3) **and Immunization** (6.4).

For further information, please contact:
Child-to-Child Trust,
Institute of Education, 20 Bedford Way, London WC1H 0AL, UK.

The Child-to-Child Trust

Institute of Education
20 Bedford Way
London WC1H OAL
United Kingdom

Tel: +44-02(0)-7612-6648/9
Fax: +44-02(0)-7612-6645

Email: ccenquiries@ioe.ac.uk

Web: www.child-to-child.org